



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

\*\*\*    \*\*\*    \*\*\*



AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123



# CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU 13 CASE NO. 1494 TYPE OF ACCIDENT Van/Truck/Car/obstacle

## A. DESCRIPTION OF THE ACCIDENT SEQUENCE

## AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

Vehicle #1 was North bound on a 2 lane Dry bituminous 55 MPH Rural Road and contacted a large pickup with its front in the Trucks Right side which was East bound on a 2 lane Dry bituminous Rural Road - Vehicle #3 was west bound on a 2 lane bituminous Road Stopped and was hit with stone which the truck was carrying.

## B. VEHICLE PROFILE(S)

| Vehicle No. | Class of Vehicle | Year/Make/Model    | Most Severe Damage Based on Vehicle Inspection |                      | Component Failure |
|-------------|------------------|--------------------|--|----------------------|-------------------|
|             |                  |                    | Damage Plane                                   | Severity Description |                   |
| 1           | Van              | 1997/Dodge/Caravan | Front  | Severe               | None              |
| 2           | Pickup           | 1995/Ford/F-350    | Right  | Severe               | None              |
| 3           | Compact          | 1993/Mercury/Topaz | Front  | Moderate             | None              |

## C. PERSON PROFILE(S)

| Vehicle No. | Person Role | Seat Position | Restraint Use    | Most Severe Injury (TO BE COMPLETED BY ZONE CENTER) |             |     |               |
|-------------|-------------|---------------|------------------|---|-------------|-----|---------------|
|             |             |               |                  | Body Region   | Injury Type | AIS | Injury Source |
| 1           | Driver      | L Front       | L.S.S. & Air bag |   |             |     |               |
|             | Passenger   | R Front       | None             |   |             |     |               |
|             | Passenger   | L Rear        | None             |   |             |     |               |
| 2           | Driver      | L Front       | L.S.S.           |   |             |     |               |
| 3           | Driver      | L Front       | L.S.S.           |   |             |     |               |



PSU13

1995 Case Summary Form

CASE 149A

TYPE OF ACCIDENT: VAN/TRUCK/CAR/OBTUSE

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

VEHICLE#1 WAS NORTH BOUND ON A 2LANE DRYBITUMINOUS 55MPH RURAL ROAD AND CONTACTED A LARGE PICKUP WITH ITS FRONT IN THE TRUCKS RIGHT SIDE WHICH WAS EAST BOUND ON A 2LANE DRY BITUMINOUS RURAL ROAD - VEHICLE #3 WAS WEST BOUND ON A 2 LANE BITUMINOUS ROAD STOPPED AND WAS HIT WITH STONE WHICH THE TRUCK WAS CARRING

01

PSU13

1995 Case Summary Form

CASE 149A

TYPE OF ACCIDENT: VAN/TRUCK/CAR/OBTUSE

B. VEHICLE PROFILE(S)

| V<br>e<br>h.<br>No | Class of<br>Vehicle | Year/Make/<br>Model | Damage<br>Plane | Severity<br>Descr. | Component<br>Failure |
|--------------------|---------------------|---------------------|-----------------|--------------------|----------------------|
| 1                  | VAN                 | 1992/DODGE/CARAVAN  | FRONT           | SEVERE             | NONE                 |
| 2                  | PICKUP              | 1995/FORD/F350      | RIGHT           | SEVERE             | NONE                 |
| 3                  | COMPACT             | 1993/MERCURY/TOPAZ  | FRONT           | MODERATE           | NONE                 |

01

PSU13

1995 Case Summary Form

CASE 149A

TYPE OF ACCIDENT: VAN/TRUCK/CAR/OBTUSE

C. PERSON PROFILE(S)

| V<br>e<br>h.<br>No | Person<br>Role | Seat<br>Positon | Restraint<br>Use | Body<br>Region | Injury<br>Type | A<br>I<br>S | Injury<br>Source |
|--------------------|----------------|-----------------|------------------|----------------|----------------|-------------|------------------|
|                    |                |                 |                  |                |                |             |                  |
| 1                  | DRIVER         | LFRONT          | L&S-AIRBAG       | skull          | fracture       | 4           | if other vehicle |
|                    | PASSENGER      | RFRONT          | NONE             | abdomen        | laceration     | 5           | steering rim     |
|                    | PASSENGER      | CREAR           | NONE             | brain          | edema          | 4           | seat back        |
| 2                  | DRIVER         | LFRONT          | L&S              | face           | lacerations    | 1           | flying glass     |
| 3                  | DRIVER         | LFRONT          | L&S              | no injury      |                |             |                  |



Department of Transportation

# ACCIDENT COLLISION DIAGRAM

SAMPLING SYSTEM Highway Traffic Safety  
VESS DATA SYSTEM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

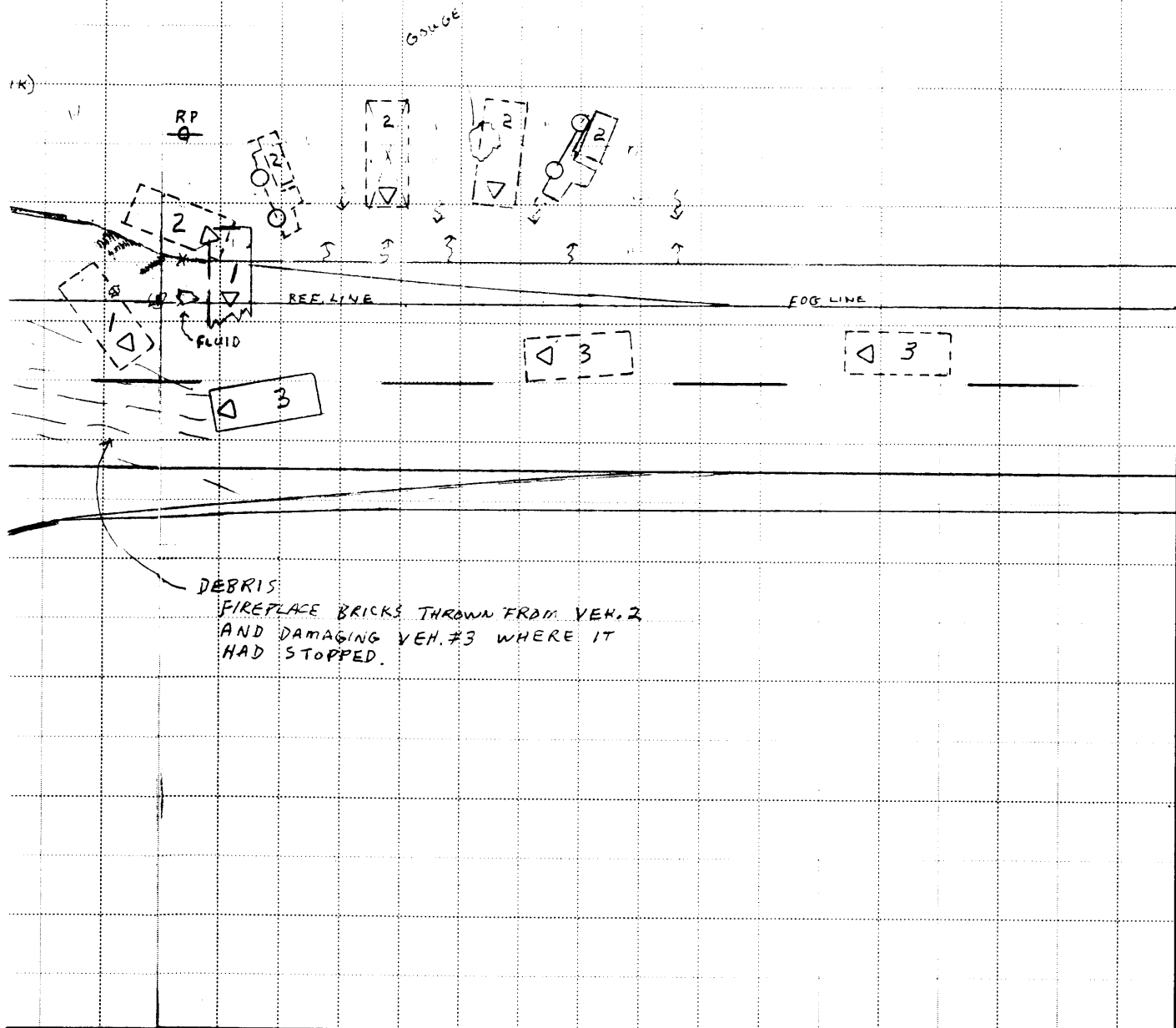
9



No. 13

Case Number—Stratum 149A

Indicate  
North



= 2.5 meters 431B (1/95)

Scale: 1 centimeter = 2.5 meters



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

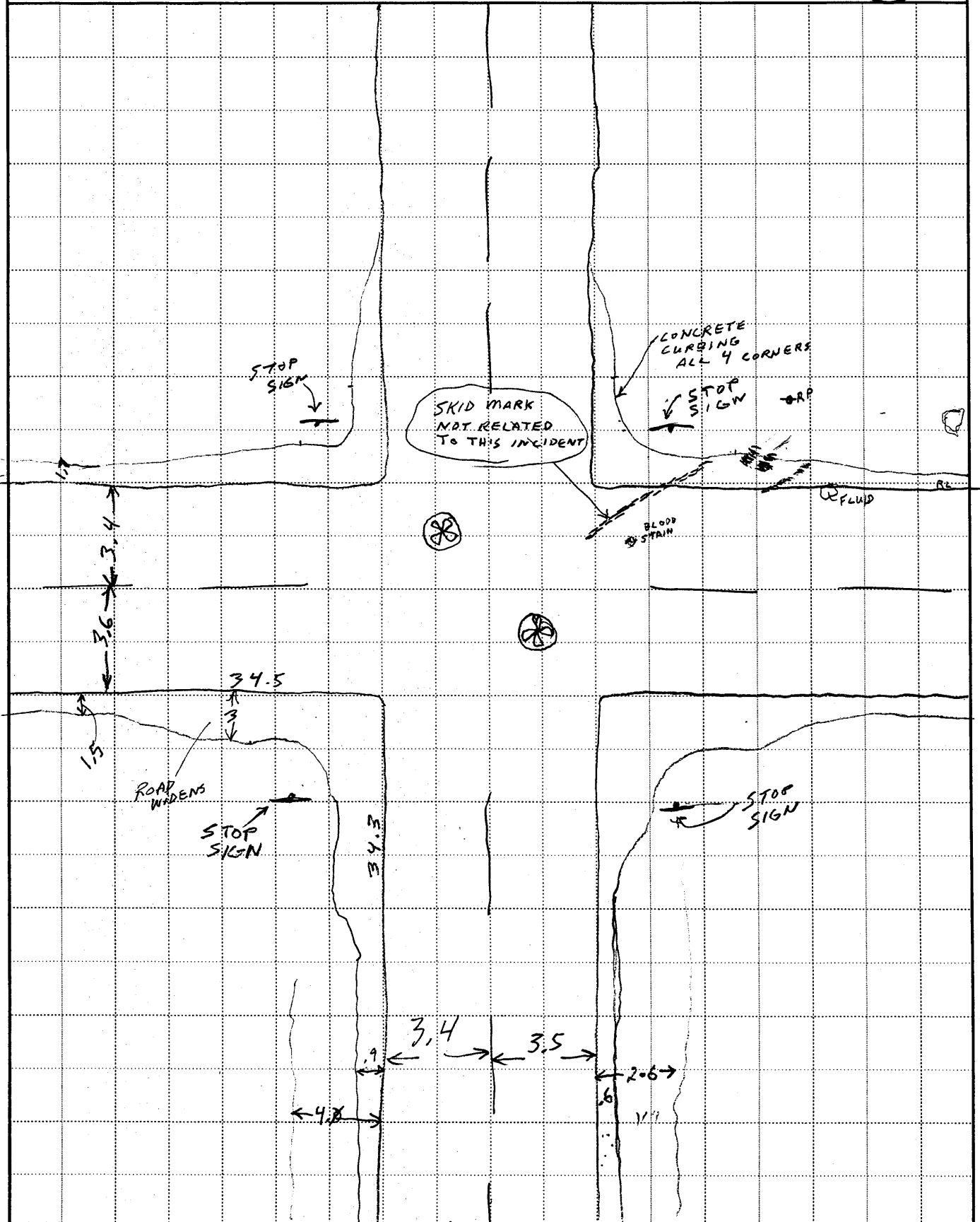
# ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 13

Case Number—Stratum 149A Field

Indicate  
North





# ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 13

Case Number—Stratum 1494

## ACCIDENT COLLISION DIAGRAM

### Document the physical plant:

- \* all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- \* all traffic controls (e.g., speed limit)
- \* north arrow placed on diagram
- \* roadway surface type and condition of applicable roadways
- \* grade measurements for all applicable roadways and at location of rollover initiation
- \* roadway curvature

### Document vehicle dynamics including:

- \* reference point and reference line relative to physical features present at the scene
- \* scaled documentation of all accident induced physical evidence
- \* scaled documentation of all roadside objects contacted
- \* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

### CRASH DATA

VEH. #1 VEH. #2 VEH. #3

Heading Angle 00 90 270

Surface Type Bituminous

Surface Condition Dry

Coefficient of Friction .71

Grade (v/h) Measurement (between impact and final rest) 0

Grade (v/h) Measurement (at location of rollover initiation) -16/36

Reference Point: Utility Pole

Reference line: North Fog line

Square off North Fog line

| Item              | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|-------------------|---|--|
| RP                | <u>0</u>                                    | <u>7.2 N</u>                               |
| ERR U-1           | <u>1.0 E</u>                                | <u>2.5 N</u>                               |
| ELR U-1           | <u>2.6 E</u>                                | <u>2.5 N</u>                               |
| ELR U-2 Trippoint | <u>3.0 E</u>                                | <u>4.7 N</u>                               |
| LR Side           | <u>5.3 E</u>                                | <u>5.0 N</u>                               |
| EFT               | <u>7.5 E</u>                                | <u>8.9 N</u>                               |
| Box Corner        | <u>7.7 E</u>                                | <u>6.0 N</u>                               |
| Box Corner        | <u>9.3 E</u>                                | <u>6.1 N</u>                               |
| Gouge             | <u>12.1 E</u>                               | <u>5.8 N</u>                               |
| F FRP U-2         | <u>15.2 E</u>                               | <u>2.5 N</u>                               |
| B FRP U-2         | <u>18.1 E</u>                               | <u>6.5 N</u>                               |
| Fluid U-1         | <u>1.0 E</u>                                | <u>.2 N</u>                                |
| Rear Track U-1    | <u>1.1 W</u>                                | <u>1.7 N</u>                               |

[illegible]



# ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 13

2. Case Number - Stratum 1494

## IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 03

4. Date of Accident  
(Month, Day, Year)      /      / 9 5

5. Time of Accident 1700

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

## SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6.      SS15 Administrative Use 0

7.      SS16 Pedestrian Crash Data Study 0  
(Data for this special study available  
in a separate file.)

8.      SS17 Impact Fires 0

9.      SS18 Unsafe Driver Actions 0

10.      SS19     

## NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident 04  
03

Code the number of events which occurred  
in this accident.

## ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

| Accident Event<br>Sequence<br>Number | Vehicle<br>Number | Class Of<br>Vehicle | General<br>Area of<br>Damage | Vehicle Number<br>or<br>Object Contacted | Class Of<br>Vehicle | General<br>Area of<br>Damage |
|--------------------------------------|-------------------|---------------------|------------------------------|--|---------------------|------------------------------|
|--------------------------------------|-------------------|---------------------|------------------------------|--|---------------------|------------------------------|

|                       |               |               |              |               |               |              |
|-----------------------|---------------|---------------|--------------|---------------|---------------|--------------|
| 12. <u>0</u> <u>1</u> | 13. <u>01</u> | 14. <u>20</u> | 15. <u>F</u> | 16. <u>02</u> | 17. <u>45</u> | 18. <u>R</u> |
|-----------------------|---------------|---------------|--------------|---------------|---------------|--------------|

|                            |               |               |              |               |               |              |
|----------------------------|---------------|---------------|--------------|---------------|---------------|--------------|
| 19. <u>03</u><br><u>02</u> | 20. <u>03</u> | 21. <u>02</u> | 22. <u>F</u> | 23. <u>79</u> | 24. <u>00</u> | 25. <u>0</u> |
|----------------------------|---------------|---------------|--------------|---------------|---------------|--------------|

|                            |               |               |              |               |               |              |
|----------------------------|---------------|---------------|--------------|---------------|---------------|--------------|
| 26. <u>04</u><br><u>03</u> | 27. <u>02</u> | 28. <u>45</u> | 29. <u>T</u> | 30. <u>31</u> | 31. <u>00</u> | 32. <u>N</u> |
|----------------------------|---------------|---------------|--------------|---------------|---------------|--------------|

|                            |               |               |              |               |               |              |
|----------------------------|---------------|---------------|--------------|---------------|---------------|--------------|
| 33. <u>02</u><br><u>04</u> | 34. <u>01</u> | 35. <u>20</u> | 36. <u>L</u> | 37. <u>02</u> | 38. <u>45</u> | 39. <u>R</u> |
|----------------------------|---------------|---------------|--------------|---------------|---------------|--------------|

|                       |                 |                 |                 |                 |                 |                 |
|-----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 40. <u>0</u> <u>5</u> | 41. <u>    </u> | 42. <u>    </u> | 43. <u>    </u> | 44. <u>    </u> | 45. <u>    </u> | 46. <u>    </u> |
|-----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- |  |   |
|--|---|
| (00) Not a motor vehicle<br>(01) Subcompact/mini (wheelbase < 254 cm)<br>(02) Compact (wheelbase ≥ 254 but < 265 cm)<br>(03) Intermediate (wheelbase ≥ 265 but < 278 cm)<br>(04) Full size (wheelbase ≥ 278 but < 291 cm)<br>(05) Largest (wheelbase ≥ 291 cm)<br>(09) Unknown passenger car size<br>(14) Compact utility vehicle<br>(15) Large utility vehicle (≤ 4,500 kgs GVWR)<br>(16) Utility station wagon (≤ 4,500 kgs GVWR)<br>(19) Unknown utility type<br>(20) Minivan (≤ 4,500 kgs GVWR)<br>(21) Large van (≤ 4,500 kgs GVWR)<br>(24) Van Based school bus (≤ 4,500 kgs GVWR)<br>(28) Other van type (≤ 4,500 kgs GVWR)<br>(29) Unknown van type (≤ 4,500 kgs GVWR)<br>(30) Compact pickup truck (≤ 4,500 kgs GVWR) | (31) Large pickup truck (≤ 4,500 kgs GVWR)<br>(38) Other pickup truck (≤ 4,500 kgs GVWR)<br>(39) Unknown pickup truck type (≤ 4,500 kgs GVWR)<br>(45) Other light truck (≤ 4,500 kgs GVWR)<br>(48) Unknown light truck type (≤ 4,500 kgs GVWR)<br>(49) Unknown light vehicle type<br>(50) School bus (excludes van based)(> 4,500 kgs GVWR)<br>(58) Other bus (> 4,500 kgs GVWR)<br>(59) Unknown bus type<br>(60) Truck (> 4,500 kgs GVWR)<br>(67) Tractor without trailer<br>(68) Tractor-trailer(s)<br>(78) Unknown medium/heavy truck type<br>(79) Unknown light/medium/heavy truck type<br>(80) Motored cycle<br>(90) Other vehicle<br>(99) Unknown |
|--|---|

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

- |  |  |   |   |
|--|--|---|---|
| <b>CDS APPLICABLE<br/>AND OTHER<br/>VEHICLES</b> | (O) Not a motor vehicle<br>(N) Noncollision<br>(F) Front | (R) Right side<br>(L) Left side<br>(B) Back | (T) Top<br>(U) Undercarriage<br>(9) Unknown |
|--|--|---|---|
- 
- |  |  |  |   |
|--|--|--|---|
| <b>TDC<br/>APPLICABLE<br/>VEHICLES</b> | (O) Not a motor vehicle<br>(N) Noncollision<br>(F) Front<br>(R) Right side | (L) Left side<br>(B) Back of unit with cargo area<br>(rear of trailer or straight truck)<br>(D) Back (rear of tractor) | (C) Rear of cab<br>(V) Front of cargo area<br>(T) Top<br>(U) Undercarriage<br>(9) Unknown |
|--|--|--|---|

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- |  |  |
|--|--|
| (01-30) — Vehicle Number<br><br><b>Noncollision</b><br>(31) Overturn — rollover (excludes end-over-end)<br>(32) Rollover — end-over-end<br>(33) Fire or explosion<br>(34) Jackknife<br>(35) Other intraunit damage (specify):<br>_____<br>(36) Noncollision injury<br>(38) Other noncollision (specify):<br>_____<br>(39) Noncollision — details unknown<br><br><b>Collision With Fixed Object</b><br>(41) Tree (≤ 10 cm in diameter)<br>(42) Tree (> 10 cm in diameter)<br>(43) Shrubbery or bush<br>(44) Embankment<br>(45) Breakaway pole or post (any diameter)<br><br><b>Nonbreakaway Pole or Post</b><br>(50) Pole or post (≤ 10 cm in diameter)<br>(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)<br>(52) Pole or post (> 30 cm in diameter)<br>(53) Pole or post (diameter unknown)<br><br>(54) Concrete traffic barrier<br>(55) Impact attenuator<br>(56) Other traffic barrier (includes guardrail)<br>(specify): _____ | (57) Fence<br>(58) Wall<br>(59) Building<br>(60) Ditch or culvert<br>(61) Ground<br>(62) Fire hydrant<br>(63) Curb<br>(64) Bridge<br>(68) Other fixed object (specify):<br>_____<br>(69) Unknown fixed object<br><br><b>Collision with Nonfixed Object</b><br>(70) Passenger car, light truck, van, or other vehicle<br>not in-transport<br>(71) Medium/heavy truck or bus not in-transport<br>(72) Pedestrian<br>(73) Cyclist or cycle<br>(74) Other nonmotorist or conveyance<br><br>(75) Vehicle occupant<br>(76) Animal<br>(77) Train<br>(78) Trailer, disconnected in transport<br>(79) Object fell from vehicle in-transport<br>(88) Other nonfixed object (specify):<br><u>Flying Rocks</u><br>(89) Unknown nonfixed object<br><br>(98) Other event (specify):<br>_____<br>(99) Unknown event or object |
|--|--|

**PRECRASH ENVIRONMENTAL DATA**19. Relation To Interchange Or Junction 2

- (0) Non-interchange area and non-junction  
(1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
(3) Driveway, alley access related  
(4) Other junction (specify) \_\_\_\_\_

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)  
(1) Divided trafficway-median strip without positive barrier  
(2) Divided trafficway-median strip with positive barrier  
(3) One way traffic  
(9) Unknown

21. Number Of Travel Lanes 2

- (1) One  
(2) Two  
(3) Three  
(4) Four  
(5) Five  
(6) Six  
(7) Seven or more  
(9) Unknown

22. Roadway Alignment 1

- (1) Straight  
(2) Curve right  
(3) Curve left  
(9) Unknown

23. Roadway Profile 1

- (1) Level  
(2) Uphill grade (>2%)  
(3) Hill crest  
(4) Downhill grade (>2%)  
(5) Sag  
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete  
(2) Bituminous (asphalt)  
(3) Brick or block  
(4) Slag, gravel, or stone  
(5) Dirt  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry  
(2) Wet  
(3) Snow or slush  
(4) Ice  
(5) Sand, dirt, or oil  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

26. Light Conditions 1

- (1) Daylight  
(2) Dark  
(3) Dark, but lighted  
(4) Dawn  
(5) Dusk  
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions  
(1) Rain  
(2) Sleet/hail  
(3) Snow  
(4) Fog  
(5) Rain and fog  
(6) Sleet and fog  
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
(9) Unknown

28. Traffic Control Device 2

- (0) No traffic control(s)  
(1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
(3) Yield sign  
(4) School zone sign  
(5) Other regulatory sign (specify): \_\_\_\_\_

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device  
(1) Traffic control device not functioning (specify): \_\_\_\_\_  
(2) Traffic control device functioning properly  
(9) Unknown

## OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
(0) Driver not present  
(1) Driver present  
(9) Unknown
38. Number of Occupants This Vehicle 03  
(00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown
39. Number of Occupant Forms Submitted 03

## AIR BAG RELATED

40. Is this an AOPS Vehicle? 1  
(0) No (includes unknown)  
(1) Yes - researcher determined  
(2) VIN determined air bag system  
(3) VIN determined automatic (passive) belts  
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 2  
(0) Not equipped or not available  
(1) No air bags deployed  
*Single Air Bag Vehicle*  
(2) Driver air bag deployed  
(3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
(4) Driver side only deployed  
(5) Passenger side only deployed  
(6) Driver and passenger side deployed  
(7) Driver and passenger side unknown if deployed  
(8) Air bag(s) deployed, details unknown  
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
(0) Not equipped with an "other" air bag  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, details unknown  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

## VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,550  
Code weight to nearest 10 kilograms.  
(045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown  
3,416 lbs X .4536 = 1,547 kgs

Source: \_\_\_\_\_

44. Vehicle Cargo Weight 0,000  
Code weight to nearest 10 kilograms.  
(000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown

\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: \_\_\_\_\_

## ROLLOVER DATA

45. Rollover 00  
(00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
(01-16) Code the number of quarter turns  
(17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
(99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00  
(00) No rollover  
(01) Trip-over  
(02) Flip-over  
(03) Turn-over  
(04) Climb-over  
(05) Fall-over  
(06) Bounce-over  
(07) Collision with another vehicle  
(08) Other rollover initiation type specify): \_\_\_\_\_

- (98) Rollover--end-over-end  
(99) Unknown rollover initiation type

47. Location of Rollover Initiation 0  
(0) No rollover  
(1) On roadway  
(2) On shoulder--paved  
(3) On shoulder--unpaved  
(4) On roadside or divided trafficway median  
(8) Rollover--end-over-end  
(9) Unknown

48. Rollover Initiation Object Contacted 00  
(Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
(0) No rollover  
(1) Wheels/tires  
(2) Side plane  
(3) End plane  
(4) Undercarriage  
(5) Other location on vehicle (specify): \_\_\_\_\_

- (6) Non-contact rollover forces (specify): \_\_\_\_\_

- (8) Rollover--end-over-end  
(9) Unknown

50. Direction of Initial Roll 0  
(0) No rollover  
(1) Roll right - primarily about the longitudinal axis  
(2) Roll left - primarily about the longitudinal axis  
(8) Rollover--end-over-end  
(9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover  
 (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over  
 (32) No rollover impact initiation (end-over-end)  
 (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)  
 (42) Tree ( $> 10$  cm in diameter)  
 (43) Shrubbery or bush  
 (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)  
 (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
 (52) Pole or post ( $> 30$  cm in diameter)  
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier  
 (55) Impact attenuator  
 (56) Other traffic barrier (includes guardrail)  
 (specify): \_\_\_\_\_

- (57) Fence  
 (58) Wall  
 (59) Building  
 (60) Ditch or culvert  
 (61) Ground  
 (62) Fire hydrant  
 (63) Curb  
 (64) Bridge  
 (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport  
 (71) Medium/heavy truck or bus not in-transport  
 (76) Animal  
 (77) Train  
 (78) Trailer, disconnected in transport  
 (79) Object fell from vehicle in-transport  
 (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

# EXTERIOR VEHICLE FORM

## NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

|                                 |             |
|---------------------------------|-------------|
| Administration                  |             |
| 1. Primary Sampling Unit Number | <u>13</u>   |
| 2. Case Number - Stratum        | <u>149A</u> |
| 3. Vehicle Number               | <u>01</u>   |

## VEHICLE IDENTIFICATION

VIN 1 B 4 G H 4 4 R 8 N [REDACTED] Model Year 9 2  
Vehicle Make (specify): Dodge Vehicle Model (specify): CARAVAN SE

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage                            | Location of Field L | Location of Max Crush |
|---------------------|--|---------------------|-----------------------|
| 1                   | begins @ Front corner across 142 to (R) Front corner | Same                | (R) Front corner      |

### CRUSH PROFILE IN CENTIMETERS

**NOTES:** Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Use as many lines/columns as necessary to describe each damage profile.**

[illegible]

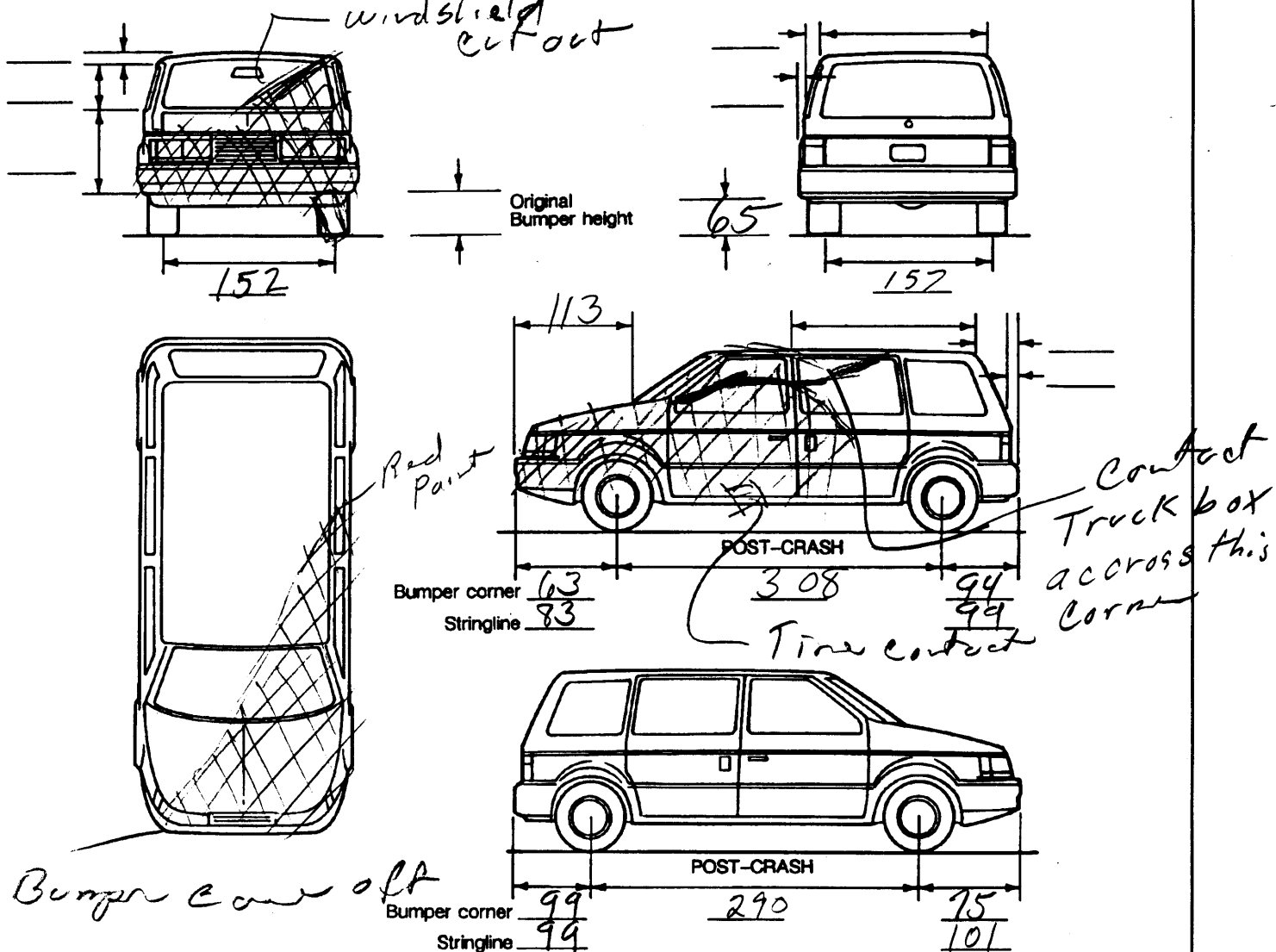
# ORIGINAL SPECIFICATIONS WORK SHEET

|                          |              |        |         |   |                 |
|--------------------------|--------------|--------|---------|---|-----------------|
| Wheelbase                | <u>119.3</u> | inches | x 2.54  | = | <u>303</u> cm   |
| Overall Length           | <u>192.8</u> | inches | x 2.54  | = | <u>490</u> cm   |
| Maximum Width            | <u>72.0</u>  | inches | x 2.54  | = | <u>183</u> cm   |
| Curb Weight              | <u>3,410</u> | pounds | x .4536 | = | <u>1,547</u> kg |
| Average Track            | _____        | inches | x 2.54  | = | _____ cm        |
| Front Overhang           | _____        | inches | x 2.54  | = | _____ cm        |
| Rear Overhang            | _____        | inches | x 2.54  | = | _____ cm        |
| Undeformed End Width     | _____        | inches | x 2.54  | = | <u>173</u> cm   |
| Engine Size: cyl./displ. | _____        | cc     | x .001  | = | _____ L         |
|                          | _____        | CID    | x .0164 | = | _____ L         |

## VEHICLE DAMAGE SKETCH

|   |  |  |  |   |
|---|--|--|--|---|
| <b>TIRE—WHEEL DAMAGE</b><br>a. Rotation physically restricted<br>RF <u>1</u><br>LF <u>1</u><br>RR <u>2</u><br>LR <u>2</u><br>(1) Yes (2) No (8) NA (9) Unk.                                   |  | <b>ORIGINAL SPECIFICATIONS</b><br>Wheelbase <u>303</u> cm<br>Overall Length <u>490</u> cm<br>Maximum Width <u>183</u> cm<br>Curb Weight <u>1547</u> kg<br>Average Track <u>152</u> cm<br>Front Overhang <u>83</u> cm<br>Rear Overhang <u>99</u> cm<br>Undeformed End Width <u>173</u> cm<br>Engine Size: cyl./displ. <u>V6/3.3</u> L |  | <b>WHEEL STEER ANGLES</b><br>(For locked front wheels or displaced rear axles only)<br>RF <u>05</u> °<br>LF <u>10</u> °<br>RR <u>±</u> °<br>LR <u>±</u> °<br>Within ± 5 degrees |
| <b>TYPE OF TRANSMISSION</b><br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic<br>END SHIFT ≥ 10 CM<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>DRIVE WHEELS</b><br><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD<br>Approximate Cargo Weight <u>0</u> kg   |  |   |

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



### CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

| Accident<br>Event<br>Sequence<br>Number | Object<br>Contacted | (1) (2)<br>Direction<br>of Force | (3)<br>Deformation<br>Location | (4)<br>Longitudinal<br>or Lateral<br>Location | (5)<br>Vertical or<br>Lateral<br>Location | (6)<br>Type of<br>Damage<br>Distribution | (7)<br>Deformation<br>Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u>                            | 5. <u>02</u>        | 6. <u>10</u>                     | 7. <u>F</u>                    | 8. <u>D</u>                                   | 9. <u>A</u>                               | 10. <u>W</u>                             | 11. <u>09</u>                |

## Second Highest Delta "V"

|               |               |               |              |              |              |              |               |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|
| 12. <u>02</u> | 13. <u>02</u> | 14. <u>99</u> | 15. <u>9</u> | 16. <u>9</u> | 17. <u>9</u> | 18. <u>9</u> | 19. <u>99</u> |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

|              |                          |                      |                      |                      |                      |                      |                |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| 20. <u>L</u> | 21. <u>C<sub>1</sub></u> | <u>C<sub>2</sub></u> | <u>C<sub>3</sub></u> | <u>C<sub>4</sub></u> | <u>C<sub>5</sub></u> | <u>C<sub>6</sub></u> | 22. <u>± D</u> |
| <u>173</u>   | <u>049</u>               | <u>039</u>           | <u>024</u>           | <u>037</u>           | <u>053</u>           | <u>053</u>           | <u>+ 000</u>   |

## Second Highest Delta "V"

|              |                          |                      |                      |                      |                      |                      |                |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| 23. <u>L</u> | 24. <u>C<sub>1</sub></u> | <u>C<sub>2</sub></u> | <u>C<sub>3</sub></u> | <u>C<sub>4</sub></u> | <u>C<sub>5</sub></u> | <u>C<sub>6</sub></u> | 25. <u>± D</u> |
| <u>---</u>   | <u>---</u>               | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>+</u>       |
| <u>---</u>   | <u>---</u>               | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>-</u>       |

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.) 173  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(998) No highest severity end plane impact  
(999) Unknown

27. Direct Damage Width  
(For highest severity impact) 142  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(999) Unknown

28. Original Wheelbase 303  
Code to the nearest centimeter  
(650) 650 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

29. Original Average Track Width 152  
Code to the nearest centimeter  
(185) 185 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

**FUEL SYSTEM**

30. Are CDCs Documented  
but Not Coded on The  
Automated File?

- (0) No  
(1) Yes

31. Researcher's Assessment of Vehicle  
Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

(Include photograph of CERTIFICATION  
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle)  
on left side plane  
(3) Aft of center of the rear wheels (rear axle)  
on right side plane  
(4) Forward of center of the rear wheels (rear  
axle) on left side plane  
(5) Forward of center of the rear wheels (rear  
axle) on right side plane  
(6) Over the center of the rear wheels (rear  
axle) on left side plane  
(7) Over the center of the rear wheels (rear  
axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle)  
centered  
(2) Aft of center of the rear wheels (rear axle)  
left side  
(3) Aft of center of the rear wheels (rear axle)  
right side  
(4) Forward of center of the rear wheels (rear  
axle) centered  
(5) Forward of center of the rear wheels (rear  
axle) left side  
(6) Forward of center of the rear wheels (rear  
axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

**FIRE OCCURRENCE**

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

- (9) Unknown

|  |  |
|--|--|
| <p>43. Leakage Location of Fuel System-1 <u>1</u></p> <p>44. Leakage Location of Fuel System-2 <u>0</u></p> <p>(0) No fuel tank<br/>(1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p>(2) Tank<br/>(3) Filler neck<br/>(4) Cap<br/>(5) Lines/pump/filter<br/>(6) Vent/emission recovery<br/>(8) Other (specify): _____<br/>(9) Unknown</p> <p>45. Fuel Type-1 <u>01</u></p> <p>46. Fuel Type-2 <u>00</u></p> <p><i>Single Fuel Type</i></p> <p>(00) No fuel tank<br/>(01) Gasoline<br/>(02) Diesel<br/>(03) CNG (Compressed Natural Gas)<br/>(04) LPG (Liquid Petroleum Gas) also known as Propane<br/>(05) LNG (Liquid Natural Gas)<br/>(06) Methanol (M100 or M85)<br/>(07) Ethanol (E100 or E85)<br/>(08) Other (Hydrogen or others) (specify): _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p>(10) Lead Acid Battery<br/>(11) Nickel-Iron Battery<br/>(12) Nickel-Cadmium Battery<br/>(13) Sodium Metal Chloride Battery<br/>(14) Sodium Sulfur Battery<br/>(18) Other (Specify): _____</p> <p>(98) Other Hybrid (specify): _____</p> <p>(99) Unknown fuel type</p> | <p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p>(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following):<br/>Type of tank _____<br/>Tank location _____<br/>Filler cap location _____<br/>Tank damage _____<br/>Location of leakage _____<br/>Type of fuel _____</p> <p>(9) Unknown if more than two tanks</p> |
| <p><b>COMMENTS</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>   |  |

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 13

2. Case Number - Stratum 149A

3. Vehicle Number 01

### INTEGRITY

4. Passenger Compartment Integrity 12

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 0 8. RR 3 9. TG/H 3

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09  $\neq$  2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

### GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2  
20. BL 2 21. Roof 0 22. Other 2

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2  
28. BL 1 29. Roof 0 30. Other 2

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 6 33. RF 6 34. LR 6 35. RR 6  
36. BL 1 37. Roof 0 38. Other 6

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

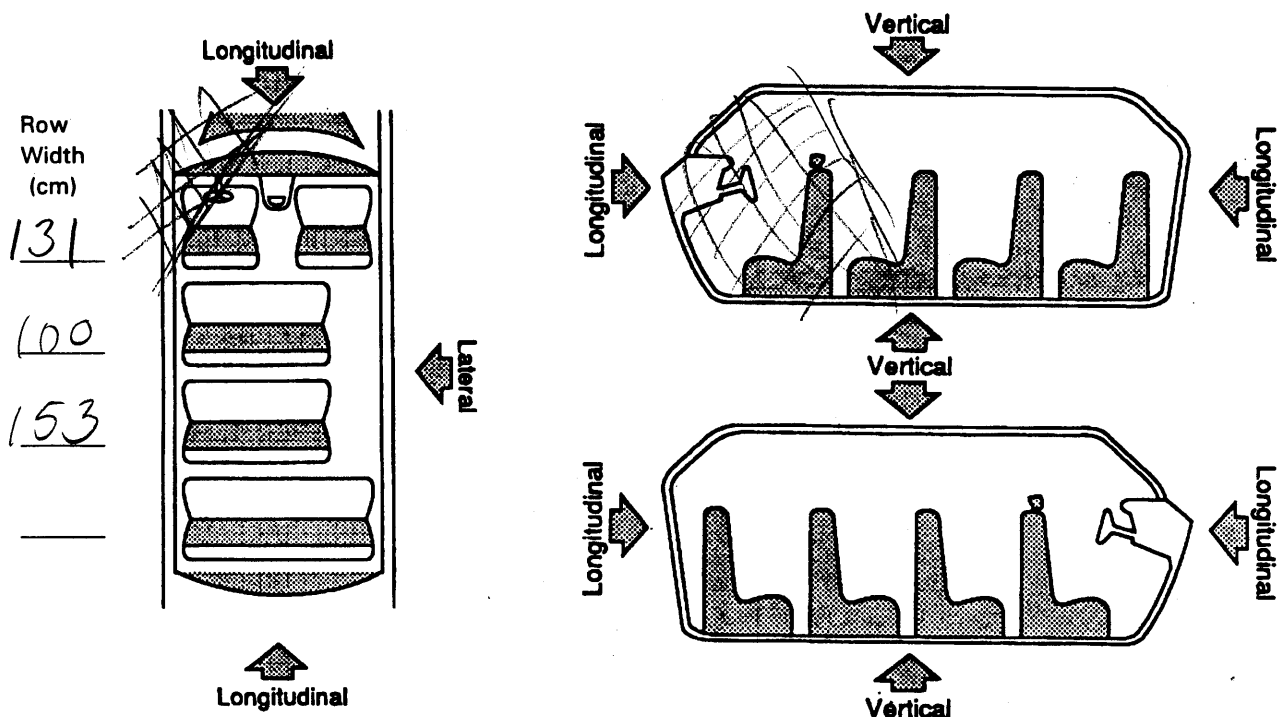
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1  
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

# INTRUSION WORKSHEET

Note: Sketch intruded areas



| LOCATION OF INTRUSION | INTRUDED COMPONENT | (All Measurements Are In Centimeters) |   |                |   | DOMINANT CRUSH DIRECTION |
|-----------------------|--------------------|---------------------------------------|---|----------------|---|--------------------------|
|                       |                    | COMPARISON VALUE                      | — | INTRUDED VALUE | = |                          |
| 11                    | Door panel         | 62                                    | — | 41             | = | Lat                      |
| 11                    | Apron 06           | 61                                    | — | 20             | = | Lat                      |
| 11                    | Side Rail 14       | 62                                    | — | 19             | = | Lat                      |
| 21                    | Backrest 07        | 72                                    | — | 45             | = | Lat                      |
| 21                    | Panel              | 78                                    | — | 58             | = | Long                     |
| 21                    | 14                 | 62                                    | — | 45             | = | Long                     |
| 12                    | Steering wheel     | 86                                    | — | 57             | = | Lat                      |
|                       |                    |                                       | — |                | = |                          |
|                       |                    |                                       | — |                | = |                          |
|                       |                    |                                       | — |                | = |                          |
|                       |                    |                                       | — |                | = |                          |
|                       |                    |                                       | — |                | = |                          |
|                       |                    |                                       | — |                | = |                          |
|                       |                    |                                       | — |                | = |                          |
|                       |                    |                                       | — |                | = |                          |

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

## Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## LOCATION OF INTRUSION

## Front Seat

- (11) Left
- (12) Middle
- (13) Right

## Second Seat

- (21) Left
- (22) Middle
- (23) Right

## Third Seat

- (31) Left
- (32) Middle
- (33) Right

## Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

## (97) Catastrophic

- (98) Other enclosed area (specify) \_\_\_\_\_

## (99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

|      |     |           |     |           |     |          |     |          |
|------|-----|-----------|-----|-----------|-----|----------|-----|----------|
| 1st  | 47. | <u>11</u> | 48. | <u>14</u> | 49. | <u>4</u> | 50. | <u>2</u> |
| 2nd  | 51. | <u>11</u> | 52. | <u>06</u> | 53. | <u>4</u> | 54. | <u>3</u> |
| 3rd  | 55. | <u>12</u> | 56. | <u>01</u> | 57. | <u>3</u> | 58. | <u>3</u> |
| 4th  | 59. | <u>11</u> | 60. | <u>07</u> | 61. | <u>3</u> | 62. | <u>3</u> |
| 5th  | 63. | <u>11</u> | 64. | <u>11</u> | 65. | <u>3</u> | 66. | <u>3</u> |
| 6th  | 67. | <u>21</u> | 68. | <u>12</u> | 69. | <u>3</u> | 70. | <u>2</u> |
| 7th  | 71. | <u>21</u> | 72. | <u>14</u> | 73. | <u>3</u> | 74. | <u>2</u> |
| 8th  | 75. | _____     | 76. | _____     | 77. | _____    | 78. | _____    |
| 9th  | 79. | _____     | 80. | _____     | 81. | _____    | 82. | _____    |
| 10th | 83. | _____     | 84. | _____     | 85. | _____    | 86. | _____    |

## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

| COMPARISON VALUE | — | DAMAGE VALUE | = | DEFORMATION |
|------------------|---|--------------|---|-------------|
|------------------|---|--------------|---|-------------|

|  |   |  |   |  |
|--|---|--|---|--|
|  | — |  | = |  |
|--|---|--|---|--|

|  |   |  |   |  |
|--|---|--|---|--|
|  | — |  | = |  |
|--|---|--|---|--|

|  |   |  |   |  |
|--|---|--|---|--|
|  | — |  | = |  |
|--|---|--|---|--|

|  |   |  |   |  |
|--|---|--|---|--|
|  | — |  | = |  |
|--|---|--|---|--|



## STEERING COLUMN

## INSTRUMENT PANEL

## 87. Steering Column Type

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

## 88. Tilt Steering Column Adjustment

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

## 89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

## 90. Steering Rim/Spoke Deformation

- Code actual measured  
 deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

## 91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

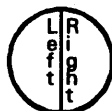
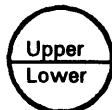
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

## 92. Odometer Reading

\_\_\_\_\_ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

\_\_\_\_\_ miles X 1.6093 = \_\_\_\_\_ kilometers

Source \_\_\_\_\_

## 93. Instrument Panel Damage from Occupant Contact?

- (0) No  
 (1) Yes  
 (9) Unknown

## 94. Type of Knee Bolster Covering

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## 95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

## 96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

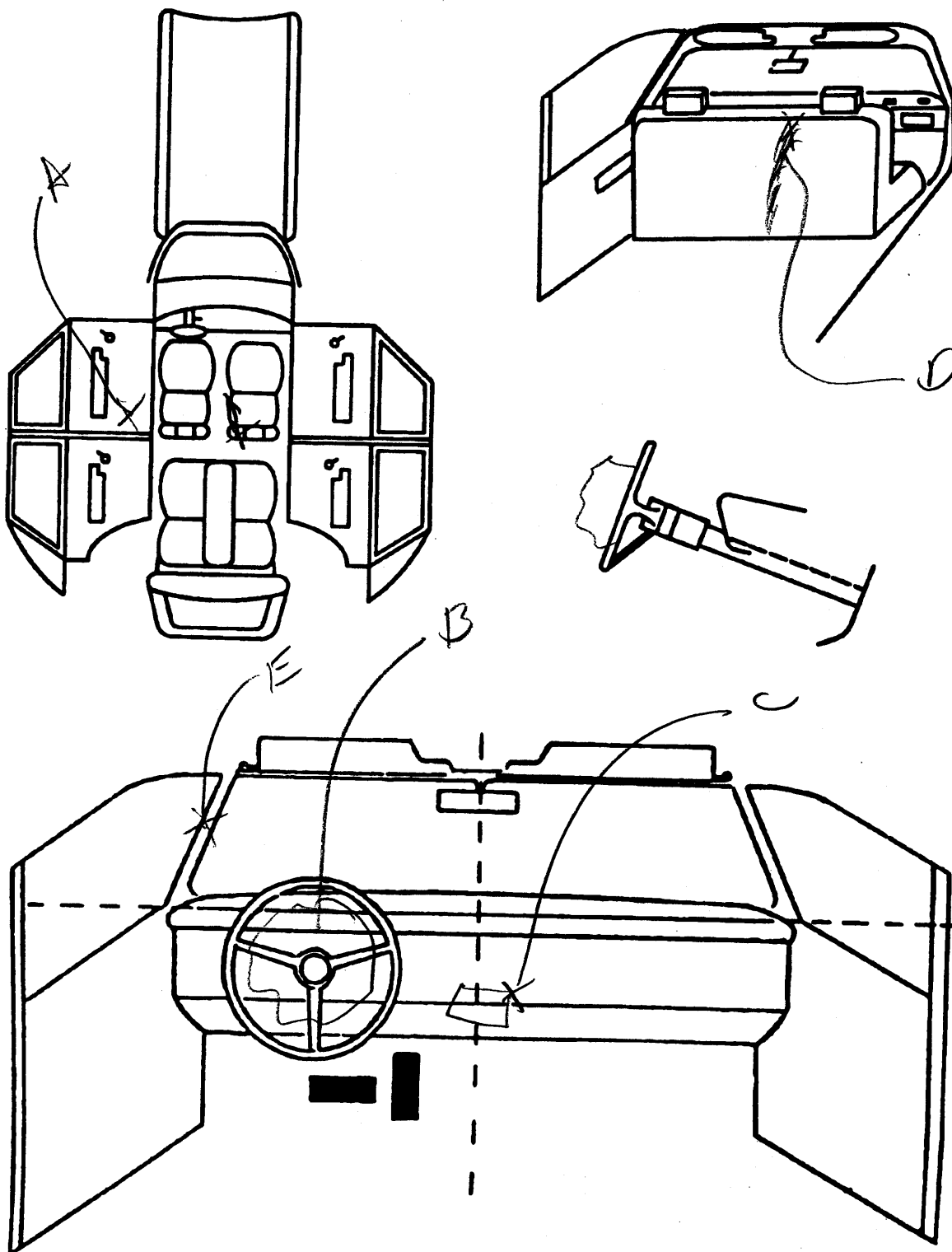
## 97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
☐ Hand controls for braking/acceleration  
☐ Steering control devices (attached to OEM steering wheel)  
☐ Steering knob attached to steering wheel  
☐ Low effort power steering (unit or device)  
☐ Replacement steering wheel (i.e., reduced diameter)  
☐ Joy-stick steering controls  
☐ Wheelchair tie-downs  
☐ Modification to seat belts (specify): \_\_\_\_\_  
☐ Additional or relocated switches (specify): \_\_\_\_\_  
☐ Raised roof  
☐ Wall-mounted head rest (used behind wheelchair)  
☐ Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.  
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A       | 051                          | 1                     | Head                 | blood floor                  | 1                                 |
| B       | 170                          | 1                     | Face                 | blood skin floor             | 1                                 |
| C       | 011                          | 2                     | Leg                  | pop can butt shoulder        | 1                                 |
| D       | 151                          | 3                     | body                 | skin blood                   | 1                                 |
| E       | 015                          | 1                     | Head                 | Hair                         | 1                                 |
| F       |                              |                       |                      |                              |                                   |
| G       |                              |                       |                      |                              |                                   |
| H       |                              |                       |                      |                              |                                   |
| I       |                              |                       |                      |                              |                                   |
| J       |                              |                       |                      |                              |                                   |
| K       |                              |                       |                      |                              |                                   |
| L       |                              |                       |                      |                              |                                   |
| M       |                              |                       |                      |                              |                                   |
| N       |                              |                       |                      |                              |                                   |

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify)  
 (195) Other air bag compartment cover (specify)

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

|                            |                      | Left | Center | Right |
|----------------------------|----------------------|------|--------|-------|
| F<br>I<br>R<br>S<br>T      | Availability         | 4    |        | 4     |
|                            | Evidence of usage    | 0.4  |        | 0.4   |
|                            | Used in this crash?  | 0    |        | 0     |
|                            | Proper Use           | 0    |        | 0     |
|                            | Failure Modes        | 0    |        | 0     |
|                            | Anchorage Adjustment | 1    |        | 1     |
| S<br>E<br>C<br>O<br>N<br>D | Availability         | 4    | 4      |       |
|                            | Evidence of usage    | 0.4  | 0.4    |       |
|                            | Used in this crash?  | 0    | 0      |       |
|                            | Proper Use           | 0    | 0      |       |
|                            | Failure Modes        | 0    | 0      |       |
|                            | Anchorage Adjustment | 0    | 0      |       |
| O<br>T<br>H<br>E<br>R      | Availability         | 4    | 4      | 4     |
|                            | Evidence of usage    | 0.4  | 0.4    | 0.4   |
|                            | Used in this crash?  | 0    | 0      | 0     |
|                            | Proper Use           | 0    | 0      | 0     |
|                            | Failure Modes        | 0    | 0      | 0     |
|                            | Anchorage Adjustment | 1    | 1      | 1     |

## Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

## Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

## Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

## Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

## Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

|       |                       | Left Front | Right Front | Other |
|-------|-----------------------|------------|-------------|-------|
| FIRST | Availability/Function | /          | X           | X     |
|       | Deployment            | /          | X           | X     |
|       | Failure               | /          | X           | X     |

**Air Bag System Availability/Function**

- (0) Not equipped/not available  
(1) Air bag

**Non-functional**

- (2) Air bag disconnected (specify): \_\_\_\_\_

- (3) Air bag not reinstalled  
(9) Unknown

**Are There Indications of Air Bag System Failure? (This Occupant Position)**

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(9) Unknown

**Frontal Air Bag System Deployment (This Occupant Position)**

- (0) Not equipped/not available  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, accident sequence undetermined  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

**Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)**

- (0) Not equipped with an "other" air bag  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, details unknown  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

**AUTOMATIC BELTS**

|       |                       | Left | Right |
|-------|-----------------------|------|-------|
| FIRST | Availability/Function | X    | X     |
|       | Use                   | X    | X     |
|       | Type                  | X    | X     |
|       | Proper Use            | X    | X     |
|       | Failure Modes         | X    | X     |

**Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
(1) 2 point automatic belts  
(2) 3 point automatic belts  
(3) Automatic belts - type unknown

**Non-functional**

- (4) Automatic belts destroyed or rendered inoperative  
(9) Unknown

**Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Automatic belt in use  
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
(3) Automatic belt use unknown  
(9) Unknown

**Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
(1) Non-motorized system  
(2) Motorized system  
(9) Unknown

**Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
(1) Automatic belt used properly  
(2) Automatic belt used properly with child safety seat

**Automatic Belt Used Improperly**

- (3) Automatic shoulder belt worn under arm  
(4) Automatic shoulder belt worn behind back  
(5) Automatic belt worn around more than one person  
(6) Lap portion of automatic belt worn on abdomen  
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_  
(8) Other improper use of automatic belt system (specify): \_\_\_\_\_  
(9) Unknown

**Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
(1) No automatic belt failure(s)  
(2) Torn webbing (stretched webbing not included)  
(3) Broken buckle or latchplate  
(4) Upper anchorage separated  
(5) Other anchorage separated (specify): \_\_\_\_\_  
(6) Broken retractor  
(7) Combination of above (specify): \_\_\_\_\_  
(8) Other automatic belt failure (specify): \_\_\_\_\_  
(9) Unknown

# FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

|                                 | Driver | Passenger |
|---------------------------------|--------|-----------|
| Type of air bag?                | 1      |           |
| Flaps open at tear points?      | 2      |           |
| Flaps damaged?                  | 1      |           |
| Air bag damaged?                | 01     |           |
| Source of air bag damage        | 01     |           |
| Air bag tethered?               | 2      |           |
| Air bag have vent ports?        | 2      |           |
| Other occupant contact air bag? | 2      |           |
| Occupant wearing eyewear?       |        |           |

## Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 3
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

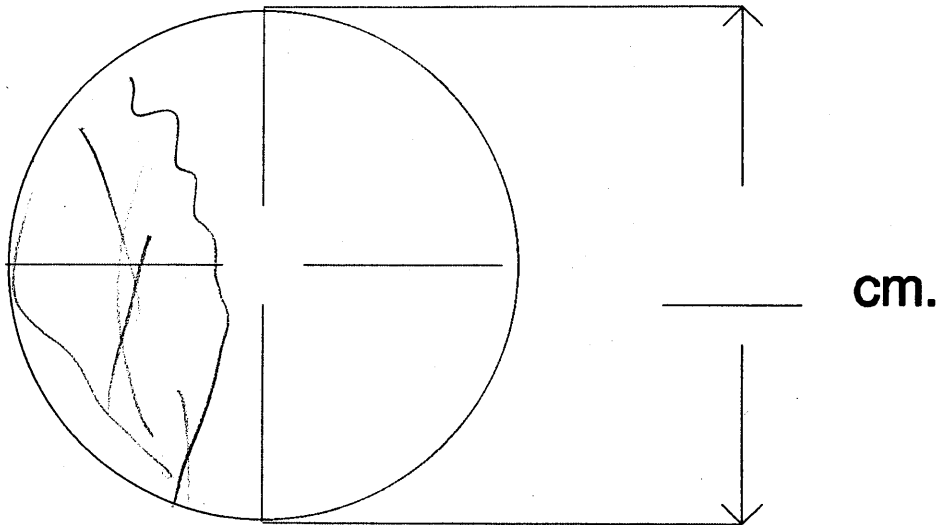
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): Passenger
- (3) Deployed/unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was This Occupant Wearing Eye-wear?

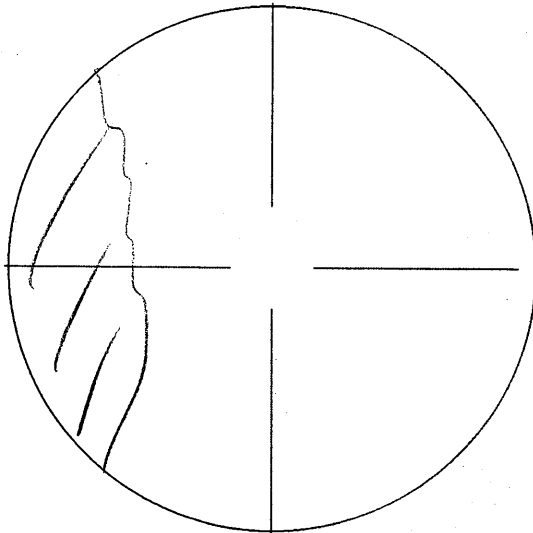
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**

**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)**



**2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**



## DRIVER AIR BAG SKETCHES (Cont'd)

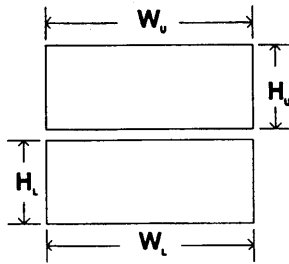
### 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

width ( $W_u$ ) 18  
height ( $H_u$ ) 5

b. Lower Flap

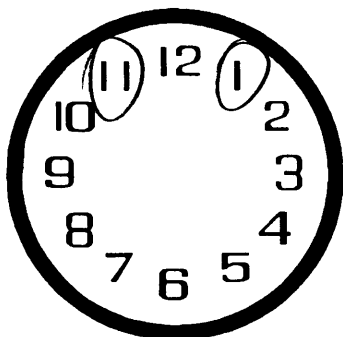
width ( $W_l$ ) 18  
height ( $H_l$ ) 6



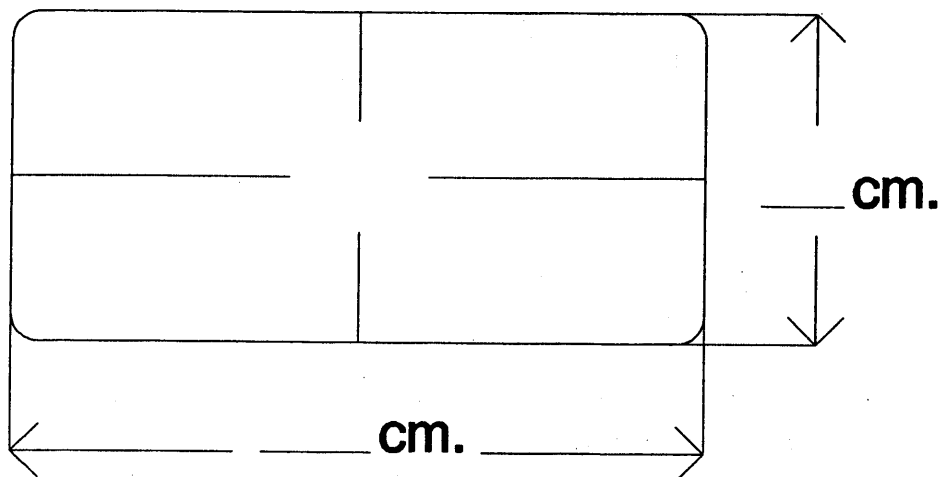
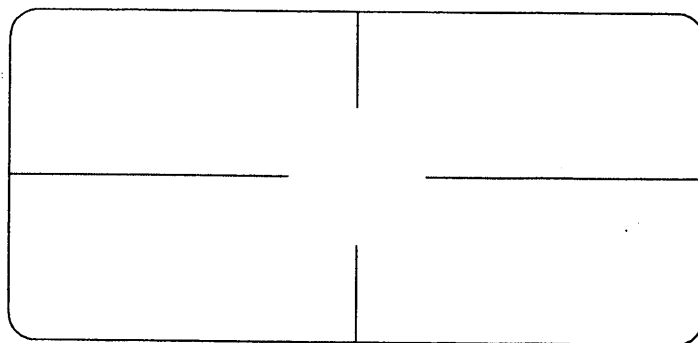
### 4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS





**PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

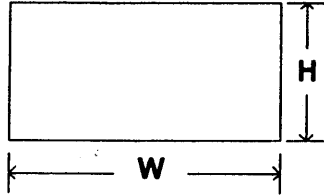
## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

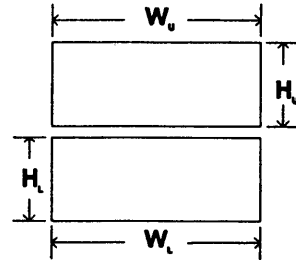
b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_U$ ) \_\_\_\_\_

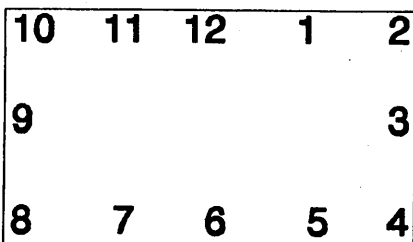
height ( $H_L$ ) \_\_\_\_\_



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)**

**2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)**

**"OTHER" AIR BAG SKETCHES (Cont'd)**

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

|               |                                   | Left | Center | Right |
|---------------|-----------------------------------|------|--------|-------|
| <b>FIRST</b>  | Head Restraint Type/Damage        | 1    |        | 1     |
|               | Seat Type                         | 10   | X      | 10    |
|               | Seat Performance                  | 6    |        | 1     |
|               | Seat Orientation                  | 1    |        | 1     |
|               | Seat Track Position               | 4    |        | 4     |
|               | Seat Back Incline Pre/Post Impact | 14   |        | 23    |
| <b>SECOND</b> | Head Restraint Type/Damage        | 0    |        | 0     |
|               | Seat Type                         | 03   | X      | 03    |
|               | Seat Performance                  | 1    |        | 1     |
|               | Seat Orientation                  | 1    |        | 1     |
|               | Seat Track Position               | 1    |        | 1     |
|               | Seat Back Incline Pre/Post Impact | 01   |        | 01    |
| <b>THIRD</b>  | Head Restraint Type/Damage        | 0    | 6      | 6     |
|               | Seat Type                         | 03   | 03     | 03    |
|               | Seat Performance                  | 1    | 1      | 1     |
|               | Seat Orientation                  | 1    | 1      | 1     |
|               | Seat Track Position               | 1    | 1      | 1     |
|               | Seat Back Incline Pre/Post Impact | 01   | 01     | 01    |
| <b>OTHER</b>  | Head Restraint Type/Damage        |      |        |       |
|               | Seat Type                         | X    | X      | X     |
|               | Seat Performance                  |      |        |       |
|               | Seat Orientation                  |      |        |       |
|               | Seat Track Position               |      |        |       |
|               | Seat Back Incline Pre/Post Impact |      |        |       |

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

**HEAD RESTRAINTS/SEAT EVALUATION****Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints  
 (1) Integral — no damage  
 (2) Integral — damaged during accident  
 (3) Adjustable — no damage  
 (4) Adjustable — damaged during accident  
 (5) Add-on — no damage  
 (6) Add-on — damaged during accident  
 (8) Other  
 Specify): \_\_\_\_\_  
 (9) Unknown

**Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat tracks/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion (specify): Occupant Intrusion  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat  
 (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

**Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Other seat type (specify): \_\_\_\_\_  
 (10) Box mounted seat (i.e., van type)  
 (99) Unknown

**Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**Slightly reclined prior to impact**

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

**Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track

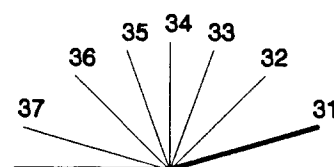
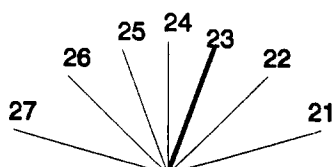
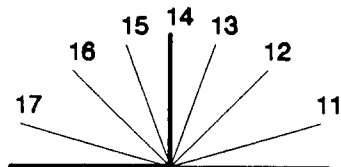
**Adjustable Seat Track**

- (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**Completely reclined prior to impact**

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

- (99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
 (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

|                                    |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| Occupant Number                    |  |  |  |  |  |  |
| 1. Type of Child Safety Seat       |  |  |  |  |  |  |
| 2. Child Safety Seat Orientation   |  |  |  |  |  |  |
| 3. Child Safety Seat Harness Usage |  |  |  |  |  |  |
| 4. Child Safety Seat Shield Usage  |  |  |  |  |  |  |
| 5. Child Safety Seat Tether Usage  |  |  |  |  |  |  |
| 6. Child Safety Seat Make/Model    | Specify Below for Each Child Safety Seat |  |  |  |  |  |

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): \_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): \_\_\_\_\_

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): \_\_\_\_\_

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): \_\_\_\_\_

- (29) Unknown orientation

- (99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

- 5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

- 6. Child Safety Seat Make/Model
- (Specify make/model and occupant number)

---



---



---



---

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No [ ] Yes [ ]

Describe indications of ejection and body parts involved in partial ejection(s):

*brain & part of skull*

*where?*

|  |          |  |  |  |  |  |  |
|--|----------|--|--|--|--|--|--|
| Occupant Number  | <i>1</i> |  |  |  |  |  |  |
| Ejection   | <i>2</i> |  |  |  |  |  |  |
| (Note on Vehicle Interior Sketch) Ejection Area <i>?</i> | <i>4</i> |  |  |  |  |  |  |
| Ejection Medium  | <i>4</i> |  |  |  |  |  |  |
| Medium Status  | <i>2</i> |  |  |  |  |  |  |

**Ejection**

- (1) Complete ejection  
(2) Partial ejection  
(3) Ejection, Unknown degree  
(9) Unknown

**Ejection Area**

- (1) Windshield  
(2) Left front  
(3) Right front  
(4) Left rear  
(5) Right rear  
(6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):  
\_\_\_\_\_

**(9) Unknown****Ejection Medium**

- (1) Door/hatch/tailgate  
(2) Nonfixed roof structure  
(3) Fixed glazing  
(4) Nonfixed glazing (specify):  
*out window*

**(5) Integral structure**

- (8) Other medium (specify):  
\_\_\_\_\_

**(9) Unknown****Medium Status (Immediately Prior to Impact)**

- (1) Open  
(2) Closed  
(3) Integral structure  
(9) Unknown

**ENTRAPMENT**

No [ ☒ ] Yes [ ]

Describe entrapment mechanism: \_\_\_\_\_

Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)





## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 13  
2. Case Number - Stratum 149A  
3. Vehicle Number 01  
4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 30  
Code actual age at time of accident.  
(00) Less than one year old (specify by month): \_\_\_\_\_  
(97) 97 years and older \_\_\_\_\_  
(99) Unknown
6. Occupant's Sex 2  
(1) Male  
(2) Female-not reported pregnant  
(3) Female-pregnant-1st trimester(1st-3rd month)  
(4) Female-pregnant-2nd trimester(4th-6th month)  
(5) Female-pregnant-3rd trimester(7th-9th month)  
(6) Female-pregnant-term unknown  
(9) Unknown
7. Occupant's Height 178  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
70 inches X 2.54 = \_\_\_\_\_ centimeters
8. Occupant's Weight 061  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
135 pounds X .4536 = \_\_\_\_\_ kilograms
9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant
- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant
- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant
- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant
- (97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown
11. Occupant's Posture 9  
(0) Normal posture
- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

2

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

2

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
Left Front Window
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

## 17. Occupant Mobility

0

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 9 X

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat.
- (7) Automatic belt
- (8) Other type belt, (specify): \_\_\_\_\_
- (9) Police indicated "unknown" \_\_\_\_\_

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown" \_\_\_\_\_

## Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): \_\_\_\_\_
- ☐ Unknown if belt used \_\_\_\_\_

vehicle inspection  
pass no seat belt  
used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify): \_\_\_\_\_
- (3) Air bag not reinstalled \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify): \_\_\_\_\_
- (3) Air bag not reinstalled \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

Specify type of "other" air bag present: \_\_\_\_\_

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 9

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available  
\_\_\_\_\_  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag 0 - 050

Deployment Impact

- (\_000) Not equipped/not available -025  
Code the value of the delta V for the impact that initiated the air bag deployment

- (\_996) Deployment, unknown longitudinal Delta V  
(\_997) Not deployed  
(\_998) Unknown if deployed  
(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 01  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
3  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
2  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
Right Seat Passenger  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 09  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 4  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION** *continued***53. Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat  
 (01) Not adjustable

~~14~~  
 23

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

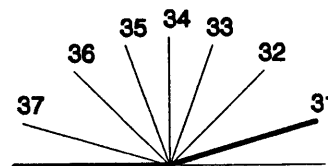
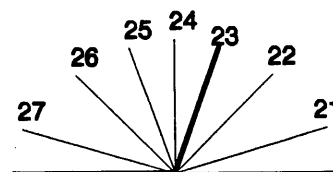
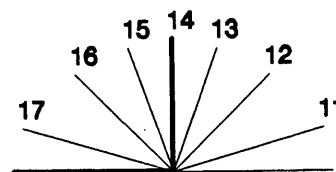
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)**

~~1~~

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 62

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 01

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

67. 1st Medically Reported Cause of Death 9968. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 14

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 01  
(at Medical Facility)

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given  
(2) Yes - blood given  
(specify units):  
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify):  
(9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 13

2. Case Number - Stratum 149A

3. Vehicle Number 01

4. Occupant Number 01

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| Source of Injury Data | Body Region       | A.I.S. - 90                |                             |                 |                 | Injury Source  | Injury Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |                 |               |               |                |
|-----------------------|-------------------|----------------------------|-----------------------------|-----------------|-----------------|----------------|-------------------------|-------------------------|--------------------------------|-----------------|---------------|---------------|----------------|
|                       |                   | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity |                |                         |                         |                                |                 |               |               |                |
| Skull ft              | base              | 1st                        | 5. <u>1</u>                 | 6. <u>1</u>     | 7. <u>5</u>     | 8. <u>02</u>   | 9. <u>06</u>            | 10. <u>4</u>            | 11. <u>8</u>                   | 12. <u>507</u>  | 13. <u>3</u>  | 14. <u>1</u>  | 15. <u>00</u>  |
|                       | pneumocephalus    | 2nd                        | 16. <u>1</u>                | 17. <u>1</u>    | 18. <u>4</u>    | 19. <u>06</u>  | 20. <u>82</u>           | 21. <u>3</u>            | 22. <u>9</u>                   | 23. <u>507</u>  | 24. <u>3</u>  | 25. <u>1</u>  | 26. <u>40</u>  |
|                       | subarachnoid hema | 3rd                        | 27. <u>1</u>                | 28. <u>1</u>    | 29. <u>4</u>    | 30. <u>06</u>  | 31. <u>84</u>           | 32. <u>3</u>            | 33. <u>9</u>                   | 34. <u>507</u>  | 35. <u>3</u>  | 36. <u>1</u>  | 37. <u>00</u>  |
|                       | maxilla ft        | 4th                        | 38. <u>1</u>                | 39. <u>2</u>    | 40. <u>5</u>    | 41. <u>08</u>  | 42. <u>00</u>           | 43. <u>2</u>            | 44. <u>9</u>                   | 45. <u>507</u>  | 46. <u>3</u>  | 47. <u>1</u>  | 48. <u>00</u>  |
| (B)                   | lung cont         | 5th                        | 49. <u>1</u>                | 50. <u>4</u>    | 51. <u>4</u>    | 52. <u>14</u>  | 53. <u>10</u>           | 54. <u>4</u>            | 55. <u>3</u>                   | 56. <u>051</u>  | 57. <u>3</u>  | 58. <u>1</u>  | 59. <u>05</u>  |
| (L)                   | ft                | 6th                        | 60. <u>1</u>                | 61. <u>1</u>    | 62. <u>5</u>    | 63. <u>18</u>  | 64. <u>00</u>           | 65. <u>2</u>            | 66. <u>2</u>                   | 67. <u>051</u>  | 68. <u>2</u>  | 69. <u>1</u>  | 70. <u>05</u>  |
| (R)                   | ft                | 7th                        | 71. <u>1</u>                | 72. <u>1</u>    | 73. <u>5</u>    | 74. <u>18</u>  | 75. <u>00</u>           | 76. <u>2</u>            | 77. <u>1</u>                   | 78. <u>010</u>  | 79. <u>3</u>  | 80. <u>1</u>  | 81. <u>00</u>  |
| (P)                   | ft                | 8th                        | 82. <u>1</u>                | 83. <u>4</u>    | 84. <u>5</u>    | 85. <u>02</u>  | 86. <u>20</u>           | 87. <u>2</u>            | 88. <u>2</u>                   | 89. <u>051</u>  | 90. <u>2</u>  | 91. <u>1</u>  | 92. <u>05</u>  |
| chin                  | ake               | 9th                        | 93. <u>1</u>                | 94. <u>2</u>    | 95. <u>9</u>    | 96. <u>02</u>  | 97. <u>02</u>           | 98. <u>1</u>            | 99. <u>8</u>                   | 100. <u>602</u> | 101. <u>2</u> | 102. <u>3</u> | 103. <u>00</u> |
| chest                 | bruise            | 10th                       | 104. <u>1</u>               | 105. <u>4</u>   | 106. <u>9</u>   | 107. <u>04</u> | 108. <u>02</u>          | 109. <u>1</u>           | 110. <u>2</u>                  | 111. <u>051</u> | 112. <u>2</u> | 113. <u>1</u> | 114. <u>05</u> |

| OCCUPANT INJURY DATA        |                |                                  |                                   |                    |                    |          |                  |   |                               |   |           |
|-----------------------------|----------------|----------------------------------|-----------------------------------|--------------------|--------------------|----------|------------------|---|-------------------------------|---|-----------|
| Source<br>of Injury<br>Data | A.I.S. - 90    |                                  |                                   |                    |                    |          | Injury<br>Source | Injury<br>Source<br>Confidence<br>Level | Direct/<br>Indirect<br>Injury | Occupant<br>Area<br>Intrusion<br>Number |           |
|                             | Body<br>Region | Type of<br>Anatomic<br>Structure | Specific<br>Anatomic<br>Structure | Level of<br>Injury | A.I.S.<br>Severity | Aspect   |                  |   |                               |   |           |
| <i>loc</i><br>11th          | <u>1</u>       | <u>7</u>                         | <u>9</u>                          | <u>06</u>          | <u>02</u>          | <u>1</u> | <u>2</u>         | <u>051</u>                              | <u>2</u>                      | <u>1</u>                                | <u>05</u> |
| <i>bruise</i><br>12th       | <u>1</u>       | <u>8</u>                         | <u>9</u>                          | <u>04</u>          | <u>02</u>          | <u>1</u> | <u>2</u>         | <u>051</u>                              | <u>2</u>                      | <u>1</u>                                | <u>05</u> |
| <i>bruise</i><br>13th       | <u>1</u>       | <u>8</u>                         | <u>9</u>                          | <u>04</u>          | <u>02</u>          | <u>1</u> | <u>1</u>         | <u>007</u>                              | <u>2</u>                      | <u>1</u>                                | <u>00</u> |
| <i>upper arm ft</i><br>14th | <u>1</u>       | <u>1</u>                         | <u>5</u>                          | <u>26</u>          | <u>00</u>          | <u>2</u> | <u>2</u>         | <u>051</u>                              | <u>1</u>                      | <u>1</u>                                | <u>05</u> |
| 15th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 16th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 17th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 18th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 19th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 20th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 21st                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 22nd                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 23rd                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 24th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |
| 25th                        | —              | —                                | —                                 | ---                | ---                | —        | —                | -----                                   | —                             | —                                       | ---       |

④

**OCCUPANT INJURY CLASSIFICATION**

| Body Region                             | Specific Anatomic Structure  | Level of Injury  | Aspect           |
|---|--|--|------------------|
| (1) Head                                |  | Specific injuries are assigned consecutive two-digit numbers beginning with 02.  | (1) Right        |
| (2) Face                                |  |  | (2) Left         |
| (3) Neck                                | <u>Vessels, Nerves, Organs.</u>  |  | (3) Bilateral    |
| (4) Thorax                              | <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. |  | (4) Central      |
| (5) Abdomen                             |  | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (5) Anterior     |
| (6) Spine                               |  |  | (6) Posterior    |
| (7) Upper Extremity                     | The exceptions to this rule apply to:  |  | (7) Superior     |
| (8) Lower Extremity                     |  |  | (8) Inferior     |
| (9) Unspecified                         |  |  | (9) Unknown      |
|   |  |  | (0) Whole region |
| Type of Anatomic Structure              | Whole Area   | Abbreviated Injury Scale   |                  |
| (1) Whole Area                          | (02) Skin - Abrasion   | (1) Minor Injury   |                  |
| (2) Vessels                             | (04) Skin - Contusion  | (2) Moderate Injury  |                  |
| (3) Nerves                              | (06) Skin - Laceration   | (3) Serious Injury   |                  |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion   | (4) Severe Injury  |                  |
| (5) Skeletal (includes joints)          | (10) Amputation  | (5) Critical Injury  |                  |
| (6) Head - LOC                          | (20) Burn  | (6) Maximum (untreatable)  |                  |
| (9) Skin                                | (30) Crush   | (7) Injured, unknown severity  |                  |
|   | (40) Degloving   |  |                  |
|   | (50) Injury - NFS  |  |                  |
|   | (90) Trauma, other than mechanical   |  |                  |
|   | <u>Head - LOC</u>  |  |                  |
|   | (02) Length of LOC   |  |                  |
|   | (04) Level   |  |                  |
|   | (06) of  |  |                  |
|   | (08) Consciousness   |  |                  |
|   | (10) Concussion  |  |                  |
|   | <u>Spine</u>   |  |                  |
|   | (02) Cervical  |  |                  |
|   | (04) Thoracic  |  |                  |
|   | (06) Lumbar  |  |                  |

**SOURCE OF INJURY DATA****INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): \_\_\_\_\_
- (195) Other air bag compartment cover (specify): \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ALL INJURIES FROM AUTOPSY

② CHIN — 3x2cm ABRASION

GRAY PAINT PARTICLES  
PRESENT ON FACE

② LATERAL CHEST  
7x10cm BRUISE

② FOREARM  
SHOWS NUMEROUS  
LAC. + BRUISES.  
7x5cm LAC.  
ON MEDIAL  
SURFACE

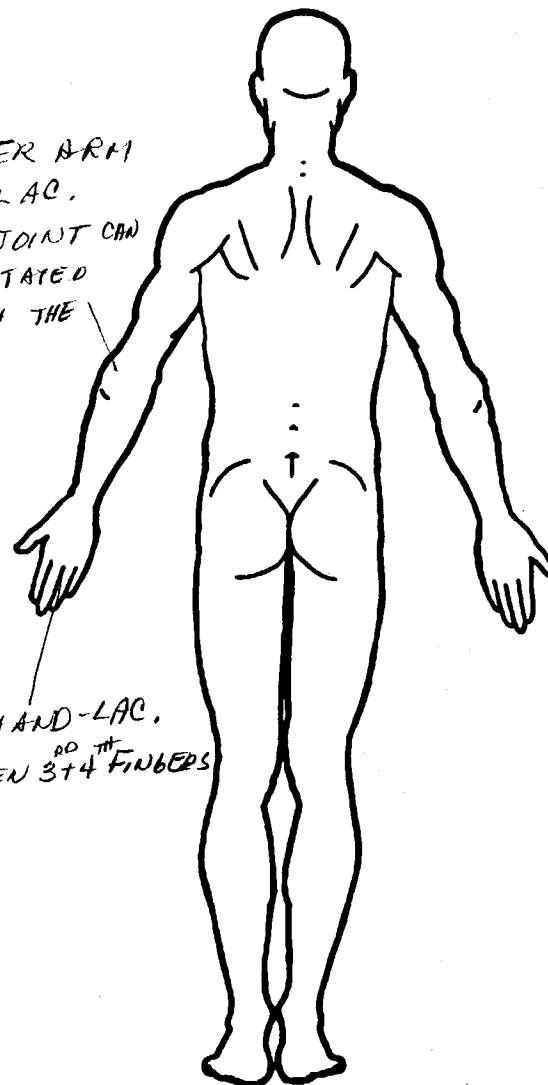
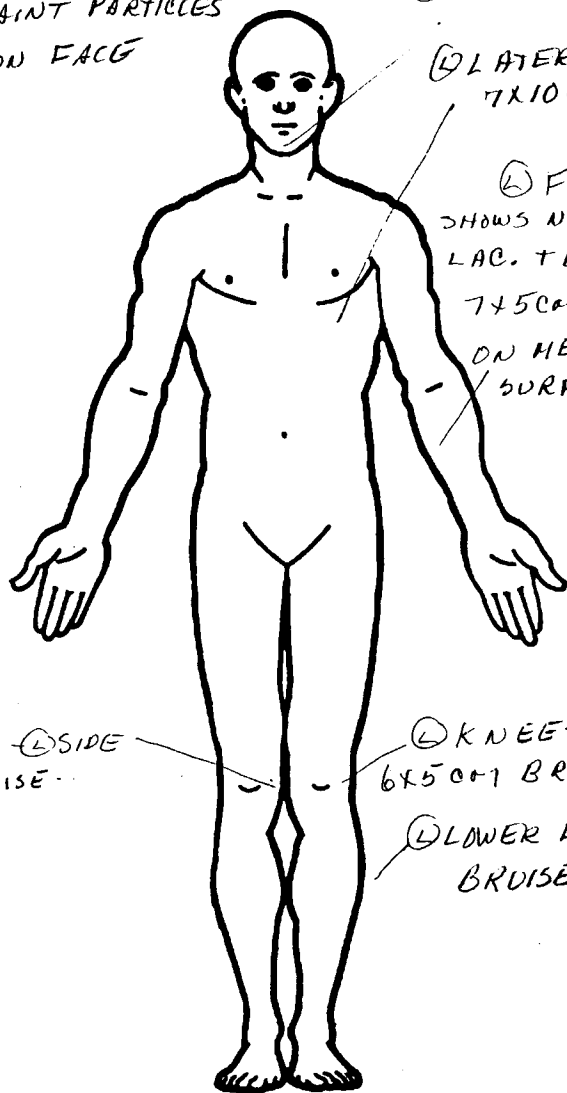
② UPPER ARM  
6x6cm LAC.  
ELBOW JOINT CAN  
BE PALPATED  
THROUGH THE  
LAC.

② KNEE — ② SIDE  
6x3cm BRUISE

② KNEE — ② SIDE  
6x5cm BRUISE

② LOWER LEG  
BRUISES

② HAND — LAC.  
BETWEEN 3<sup>RD</sup> & 4<sup>TH</sup> FINGERS



# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

— No *NR*  
— Yes

Blood Alcohol  
Level (mg/dl)

BAL = *0*

*Drugs*  
Glasgow Coma  
Scale Score

GCSS = *Dead at scene*

Units of Blood  
Given  
Units = *scene*

Arterial Blood  
Gases

pH =

PO<sub>2</sub> =

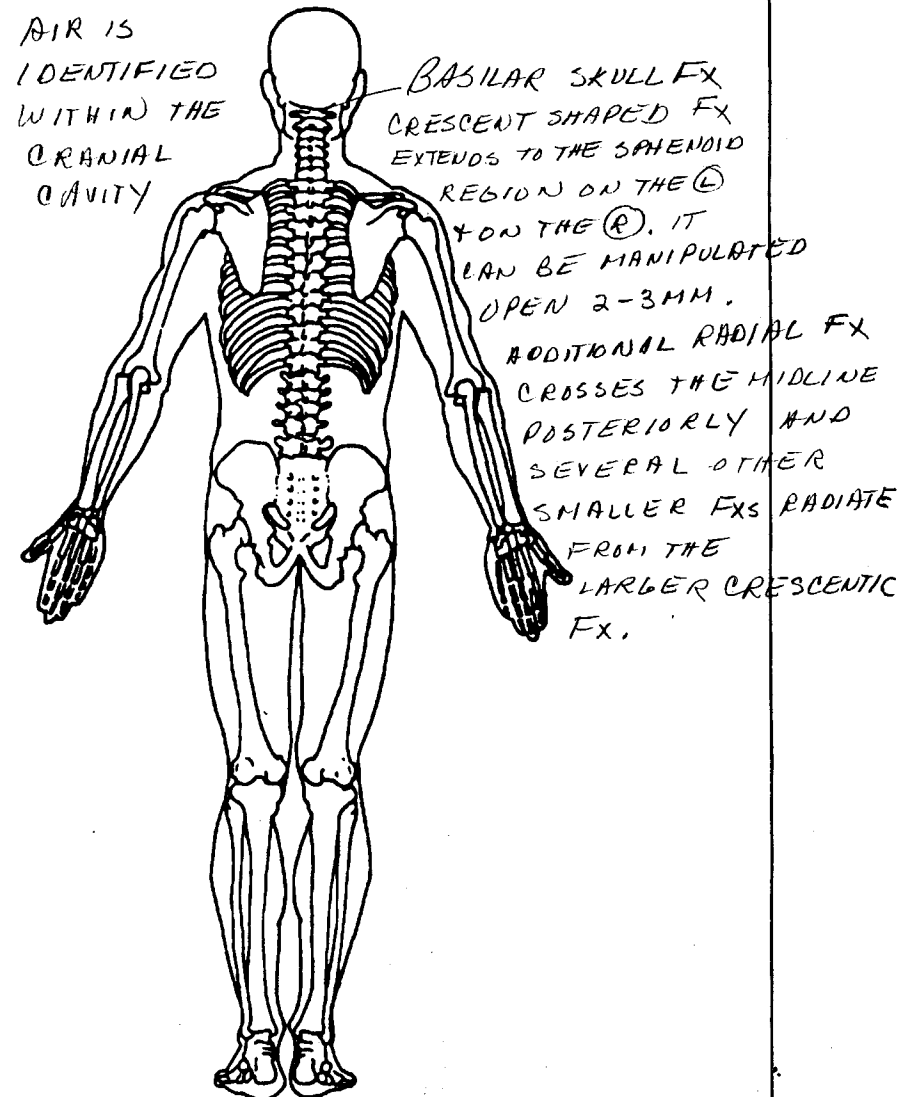
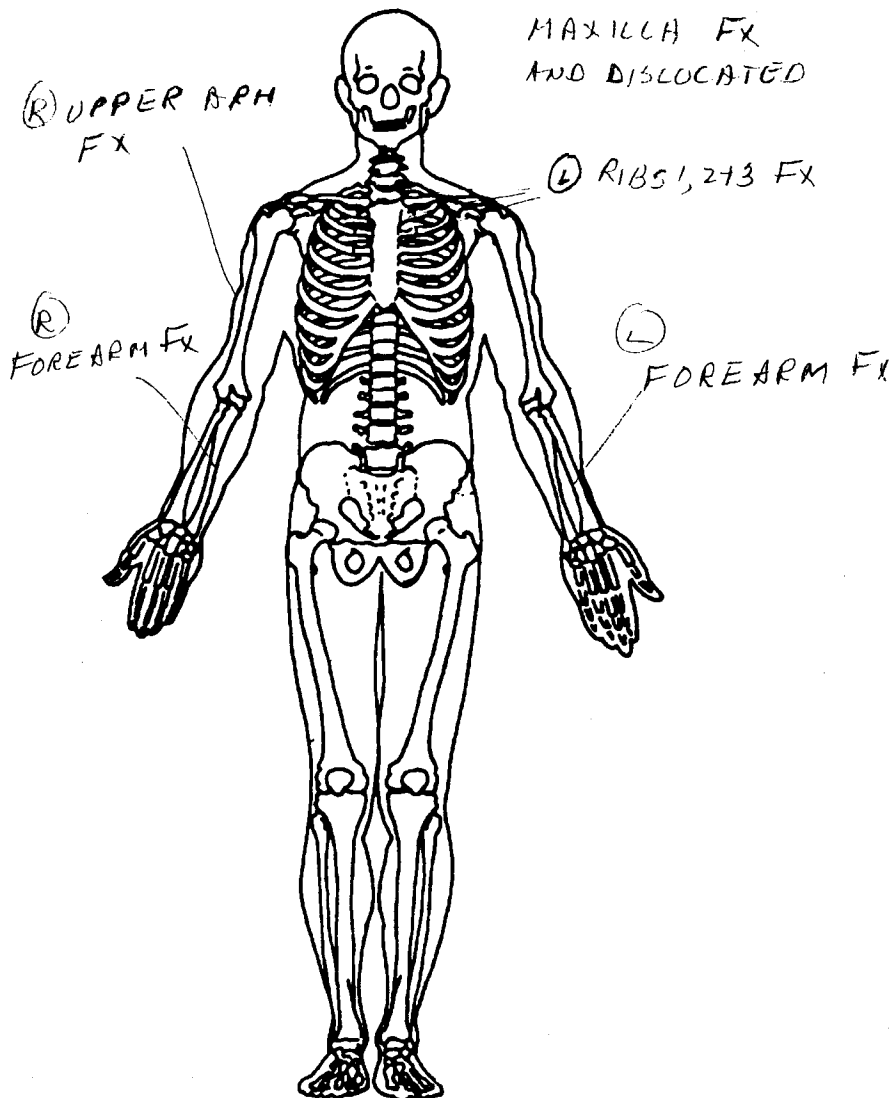
PCO<sub>2</sub> =

HCO<sub>3</sub> =

*Dead at scene*

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

*ALL INJURIES FROM AUTOPSY*



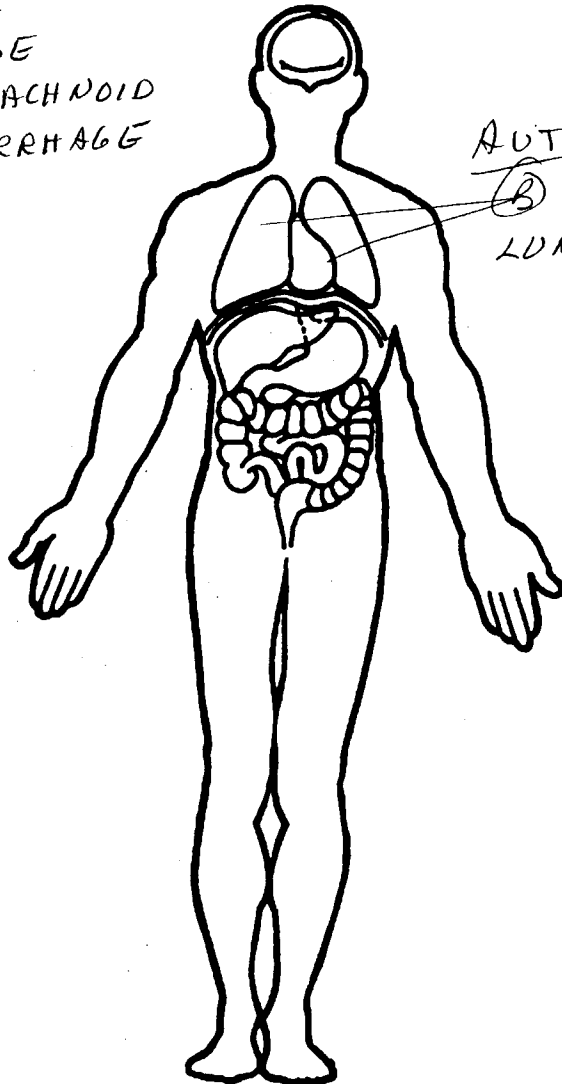


## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

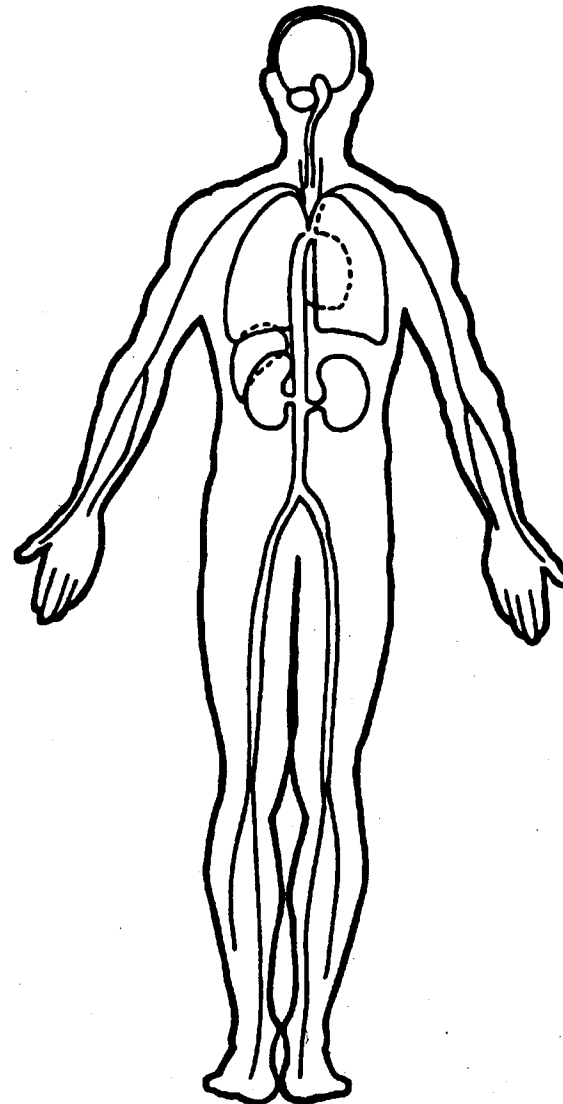
AUTOPSY

DIFFUSE  
SUBARACHNOID  
HEMORRHAGE



AUTOPSY

ⓑ  
LUNG CONTUSIONS





# OCCUPANT ASSESSMENT FORM

## OCCUPANT'S SEATING

1. Primary Sampling Unit Number 13

2. Case Number - Stratum 149A

3. Vehicle Number 01

4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 07

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 999

Code actual height to the nearest  
centimeter.

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight 999

Code actual weight to the nearest  
kilogram.

(999)Unknown

\_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 13

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture 9

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 2

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

## Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative
- [X] Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify):

[ ] Unknown if belt used

---



---



---



---

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

*Specify type of "other" air bag present:*

---

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available  
\_\_\_\_\_  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +  
- 0 0 0

(\_000) Not equipped/not available  
Code the value of the delta V for the impact that initiated the air bag deployment

- (\_996) Deployment, unknown longitudinal Delta V  
(\_997) Not deployed  
(\_998) Unknown if deployed  
(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 0 0

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION****44. Source of Air Bag Damage** 00

- (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):

- (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

**45. Was The Air Bag Tethered?** 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**46. Did The Air Bag Have Vent Ports?** 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**47. Was the Air Bag in this Occupant's Position  
Contacted by Another Occupant?** 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact  
to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**48. Was This Occupant Wearing Eye-wear?** 0

- (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**49. Head Restraint Type/Damage by Occupant  
at This Occupant Position** 1

- (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):

(9) Unknown

**50. Seat Type (this Occupant Position)** 09

- (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):

(99) Unknown

**51. Seat Orientation (this Occupant Position)** 1

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):

(9) Unknown

**52. Seat Track Adjusted Position Prior To Impact** 4

- (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track

**Adjustable Seat Track**

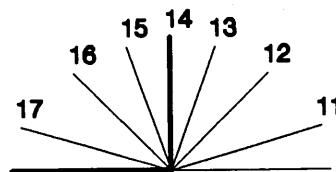
- (2) Seat at forward most track position  
 (3) Seat between forward most and middle track  
positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track  
positions  
 (6) Seat at rear most track position  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION** *continued***53. Seat Back Incline Prior and Post Impact** 23

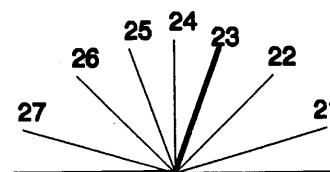
- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

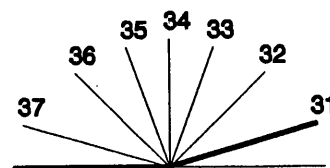
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed  
     (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment  
     intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown



**CHILD SAFETY SEAT**55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown

64. Hospital Stay 99

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

**67. 1st Medically Reported Cause of Death** 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

**70. Number of Recorded Injuries for This Occupant** 17

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

**TRAUMA DATA****71. Glasgow Coma Scale (GCS) Score** 14  
(at Medical Facility)

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

**72. Was the Occupant Given Blood?** 9

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

**73. Arterial Blood Gases (ABG) - HCO<sub>3</sub>** 01

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION****74. Primary Source of Belt Use Determination** 1

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

# OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 13

3. Vehicle Number 01

2. Case Number - Stratum 149A

4. Occupant Number 02

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| Source of Injury Data | A.I.S. - 90   |                            |                             |                 |                 |               | Injury Source | Injury Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion Number |                |
|-----------------------|---------------|----------------------------|-----------------------------|-----------------|-----------------|---------------|---------------|-------------------------|------------------------|--------------------------------|----------------|
|                       | Body Region   | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect        |               |                         |                        |                                |                |
| skull ft 1st          | 5. <u>2</u>   | 6. <u>1</u>                | 7. <u>5</u>                 | 8. <u>02</u>    | 9. <u>00</u>    | 10. <u>3</u>  | 11. <u>8</u>  | 12. <u>015</u>          | 13. <u>3</u>           | 14. <u>1</u>                   | 15. <u>02</u>  |
| subarachnoid hem 2nd  | 16. <u>3</u>  | 17. <u>1</u>               | 18. <u>4</u>                | 19. <u>06</u>   | 20. <u>84</u>   | 21. <u>3</u>  | 22. <u>9</u>  | 23. <u>015</u>          | 24. <u>3</u>           | 25. <u>1</u>                   | 26. <u>02</u>  |
| Closed Head Inf 3rd   | 27. <u>3</u>  | 28. <u>1</u>               | 29. <u>6</u>                | 30. <u>06</u>   | 31. <u>06</u>   | 32. <u>2</u>  | 33. <u>8</u>  | 34. <u>015</u>          | 35. <u>3</u>           | 36. <u>1</u>                   | 37. <u>02</u>  |
| nose ft 4th           | 38. <u>2</u>  | 39. <u>2</u>               | 40. <u>5</u>                | 41. <u>10</u>   | 42. <u>04</u>   | 43. <u>2</u>  | 44. <u>4</u>  | 45. <u>015</u>          | 46. <u>3</u>           | 47. <u>1</u>                   | 48. <u>02</u>  |
| maxilla ft 5th        | 49. <u>2</u>  | 50. <u>2</u>               | 51. <u>5</u>                | 52. <u>08</u>   | 53. <u>00</u>   | 54. <u>2</u>  | 55. <u>2</u>  | 56. <u>015</u>          | 57. <u>3</u>           | 58. <u>1</u>                   | 59. <u>02</u>  |
| forehead cont 6th     | 60. <u>3</u>  | 61. <u>2</u>               | 62. <u>9</u>                | 63. <u>04</u>   | 64. <u>02</u>   | 65. <u>1</u>  | 66. <u>7</u>  | 67. <u>015</u>          | 68. <u>3</u>           | 69. <u>1</u>                   | 70. <u>02</u>  |
| cheek loc 7th         | 71. <u>3</u>  | 72. <u>2</u>               | 73. <u>9</u>                | 74. <u>06</u>   | 75. <u>02</u>   | 76. <u>1</u>  | 77. <u>2</u>  | 78. <u>015</u>          | 79. <u>3</u>           | 80. <u>1</u>                   | 81. <u>02</u>  |
| mandible ft 8th       | 82. <u>2</u>  | 83. <u>7</u>               | 84. <u>5</u>                | 85. <u>28</u>   | 86. <u>04</u>   | 87. <u>3</u>  | 88. <u>2</u>  | 89. <u>011</u>          | 90. <u>3</u>           | 91. <u>1</u>                   | 92. <u>00</u>  |
| ulna ft 9th           | 93. <u>2</u>  | 94. <u>7</u>               | 95. <u>5</u>                | 96. <u>32</u>   | 97. <u>02</u>   | 98. <u>2</u>  | 99. <u>2</u>  | 100. <u>011</u>         | 101. <u>3</u>          | 102. <u>1</u>                  | 103. <u>00</u> |
| chest abr 10th        | 104. <u>3</u> | 105. <u>4</u>              | 106. <u>9</u>               | 107. <u>02</u>  | 108. <u>02</u>  | 109. <u>1</u> | 110. <u>8</u> | 111. <u>004</u>         | 112. <u>3</u>          | 113. <u>1</u>                  | 114. <u>03</u> |

## A.I.S. - 90

[illegible]

**OCCUPANT INJURY CLASSIFICATION**

| Body Region                             | Specific Anatomic Structure        | Level of Injury   | Aspect           |
|---|------------------------------------|---|------------------|
| (1) Head                                |                                    | Specific injuries are assigned consecutive two-digit numbers beginning with 02.<br><br>To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (1) Right        |
| (2) Face                                |                                    |   | (2) Left         |
| (3) Neck                                |                                    |   | (3) Bilateral    |
| (4) Thorax                              |                                    |   | (4) Central      |
| (5) Abdomen                             |                                    |   | (5) Anterior     |
| (6) Spine                               |                                    |   | (6) Posterior    |
| (7) Upper Extremity                     |                                    |   | (7) Superior     |
| (8) Lower Extremity                     |                                    |   | (8) Inferior     |
| (9) Unspecified                         |                                    |   | (9) Unknown      |
|   |                                    |   | (0) Whole region |
| <b>Type of Anatomic Structure</b>       | <b>Whole Area</b>                  |   |                  |
| (1) Whole Area                          | (02) Skin - Abrasion               | <b>Abbreviated Injury Scale</b>   |                  |
| (2) Vessels                             | (04) Skin - Contusion              |   |                  |
| (3) Nerves                              | (06) Skin - Laceration             |   |                  |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion               |   |                  |
| (5) Skeletal (includes joints)          | (10) Amputation                    |   |                  |
| (6) Head - LOC                          | (20) Burn                          |   |                  |
| (9) Skin                                | (30) Crush                         |   |                  |
|   | (40) Degloving                     |   |                  |
|   | (50) Injury - NFS                  |   |                  |
|   | (90) Trauma, other than mechanical |   |                  |
|   | <b>Head - LOC</b>                  |   |                  |
|   | (02) Length of LOC                 | (1) Minor Injury  |                  |
|   | (04) Level                         | (2) Moderate Injury   |                  |
|   | (06) of                            | (3) Serious Injury  |                  |
|   | (08) Consciousness                 | (4) Severe Injury   |                  |
|   | (10) Concussion                    | (5) Critical Injury   |                  |
|   | <b>Spine</b>                       | (6) Maximum (untreatable)   |                  |
|   | (02) Cervical                      | (7) Injured, unknown severity   |                  |
|   | (04) Thoracic                      |   |                  |
|   | (06) Lumbar                        |   |                  |

**SOURCE OF INJURY DATA****INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

**UNOFFICIAL RECORDS**

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

### FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

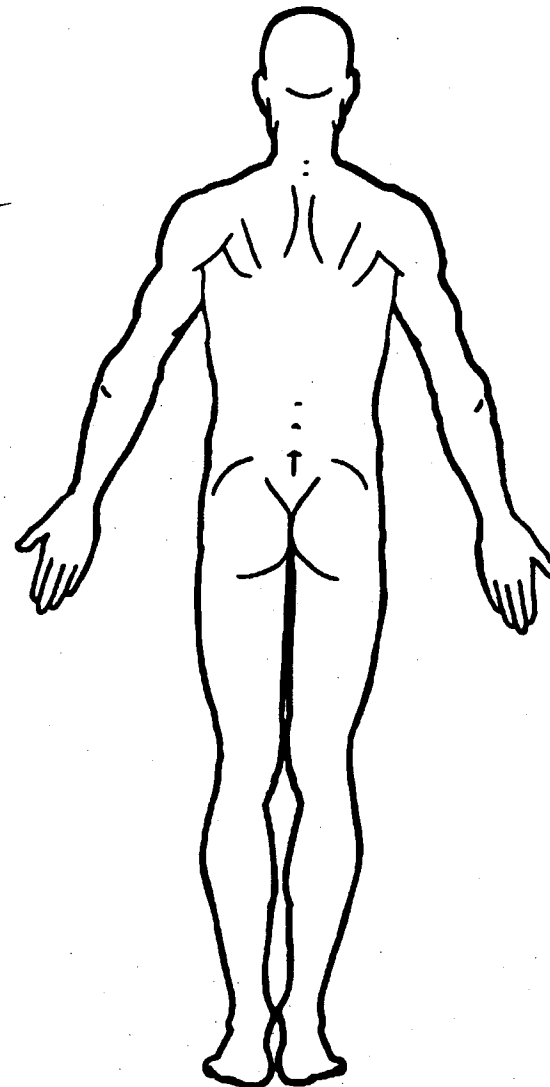
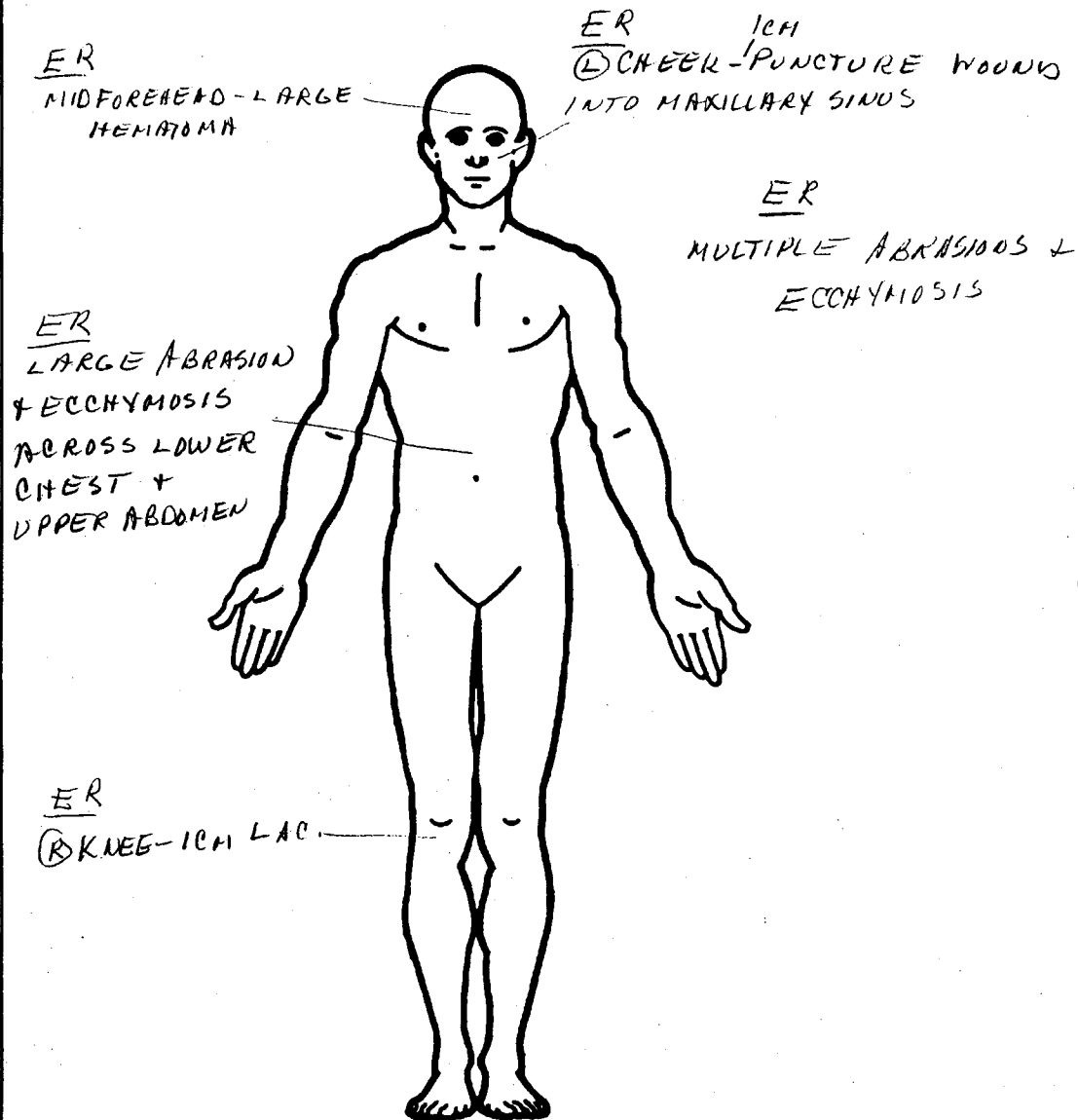
- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol  
Level (mg/dl)

BAL = NR

Glasgow Coma  
Scale Score

GCSS = 14

Units of Blood  
Given

Units = NR

Arterial Blood  
Gases

pH =    

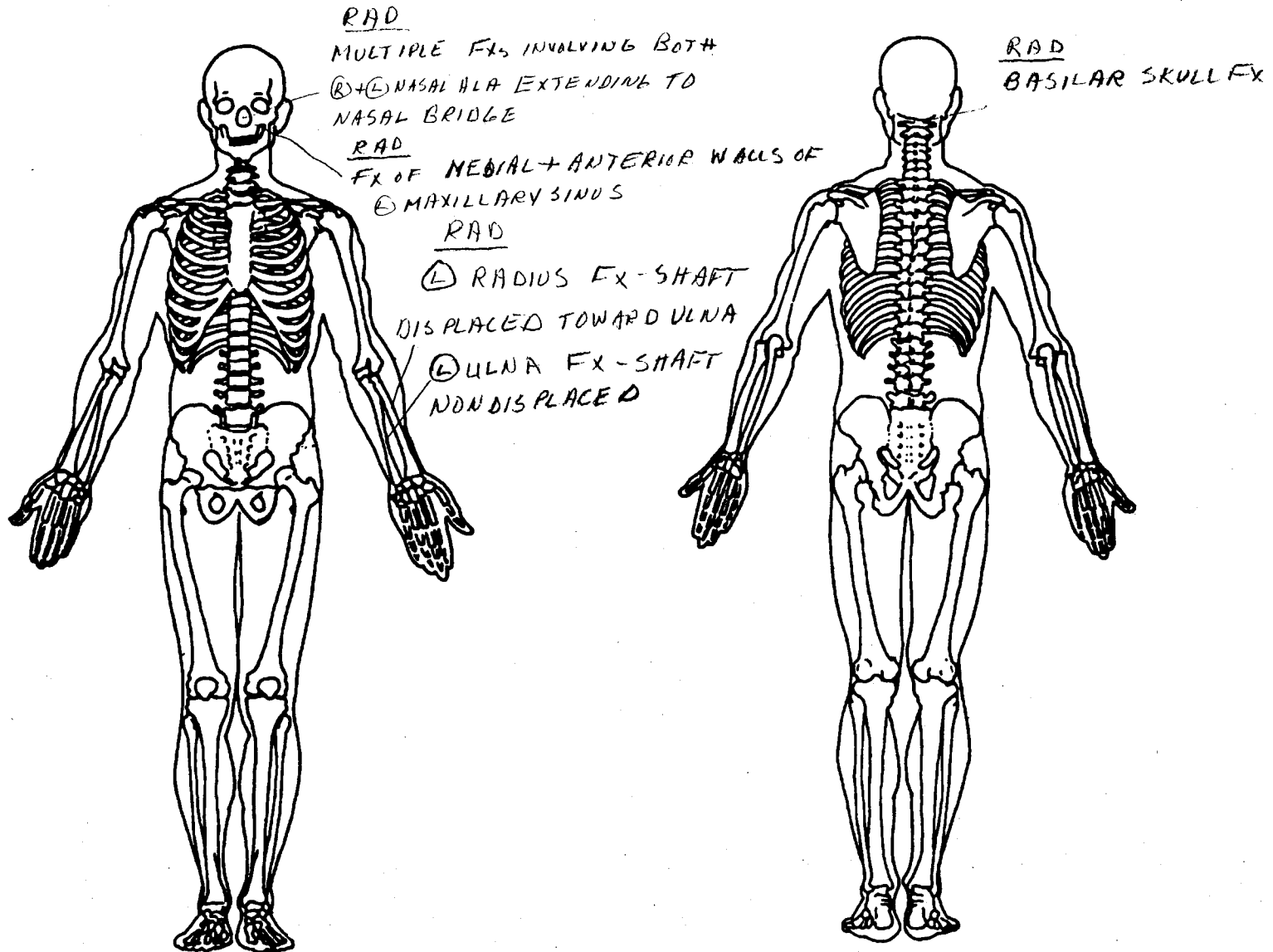
PO<sub>2</sub> =    

PCO<sub>2</sub> =    

HCO<sub>3</sub> =    

*not reported*

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ER - CLOSED HEAD INJURY; ELC <sup>EMS</sup> FOUND HER CONSCIOUS + CRYING; SOMNOLENT BUT AROUSABLE INER

OR

COMPLETE DIVISION OF  
STOMACH FROM THE DUODENUM  
AT THE PYLORUS

OR

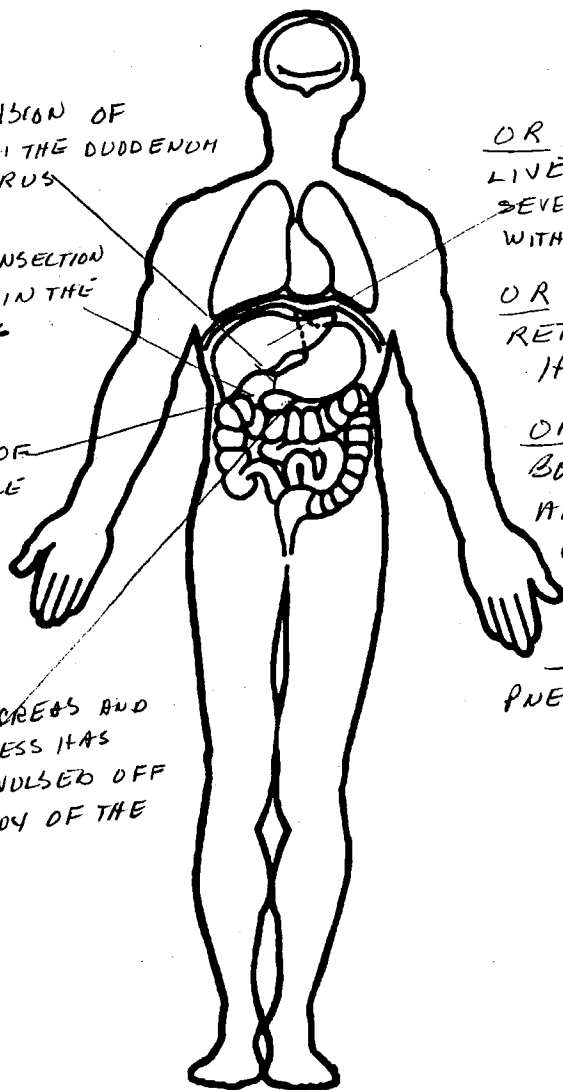
COMPLETE TRANSECTION  
OF DUODENUM IN THE  
MIDDESCENDING  
DUODENUM

OR

LAC. AVULSION OF  
THE COMMON BILE  
DUCT AND  
COMMON  
PANCREATIC  
DUCTS

OR

HEAD OF PANCREAS AND  
UNCINATE PROCESS HAS  
BEEN TOTALLY AVULSED OFF  
THE DISTAL BODY OF THE  
PANCREAS



OR

LIVER -  
SEVERAL AREAS OF HEMATOMA  
WITHIN THE LIVER

OR

RETROPERITONEAL  
HEMATOMA

OR

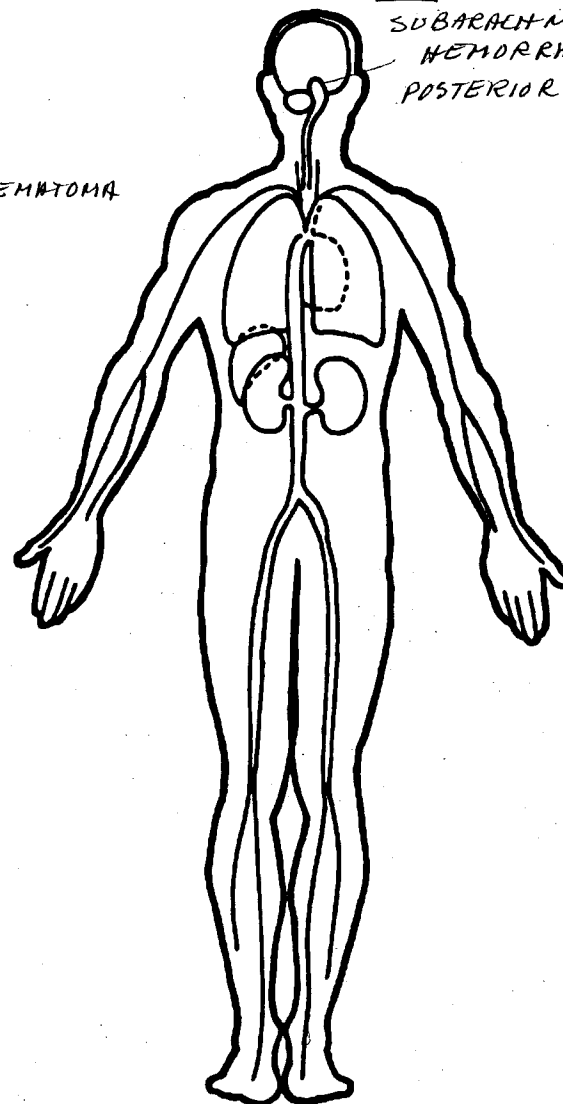
BOTH RECTUS  
ABDOMINUS MUSCLES  
COMPLETELY  
LACERATED

OR

PNEUMOPERITONEUM

ER

SUBARACHNOID  
HEMORRHAGE  
POSTERIOR





## UPDATE FORM

3rd  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 13

2. Case Number — Stratum 1494

3. Vehicle Number 01

4. Occupant Number 02

Driver or Occupant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

RECEIVED [REDACTED] 1995

(Sanitize this section prior to Update submission.)

### STATUS OF OCCUPANT INFORMATION

|  | INITIAL<br>SUBMISSION | UPDATED<br>INFORMATION |
|--|-----------------------|------------------------|
| OAL08. Date Official Medical Data Requested  | <u>[REDACTED]</u>     | <u>95</u>              |
| OAL09. Date Official Medical Data Obtained   | <u>[REDACTED]</u>     | <u>95</u>              |
| OAL16. Injury Treatment Status   | <u>4</u>              | <u>4</u>               |
| OAL17. Injury Information  |                       |                        |
| <u>Official</u>  |                       |                        |
| a. Autopsy (invasive examination)  | <u>B</u>              | _____                  |
| b. Post-ER medical record which includes information about death based on non-invasive examination | <u>B</u>              | _____                  |
| c. Admission record/summary or admission/discharge face sheet                                      | <u>B</u>              | _____                  |
| d. Discharge summary   | <u>B</u>              | _____                  |
| e. Operative report  | <u>B</u>              | <u>11</u>              |
| f. Radiographic record(s) (X-ray, CT scan)   | <u>B</u>              | <u>11</u>              |
| g. History and physical examination and/or consultation records                                    | <u>B</u>              | <u>11</u>              |
| h. Emergency room records (includes nurses' notes)   | <u>B</u>              | _____                  |
| j. Private physician   | <u>B</u>              | _____                  |
| <u>Unofficial</u>  |                       |                        |
| k. Lay coroner   | <u>B</u>              | _____                  |
| l. EMS record  | <u>B</u>              | <u>11</u>              |
| m. Interviewee   | <u>B</u>              | _____                  |
| n. Other source (specify): _____   | <u>B</u>              | <u>B</u>               |
| o. Police report   | <u>B</u>              | <u>B</u>               |

|  | INITIAL<br>SUBMISSION | UPDATED<br>INFORMATION |
|--|-----------------------|------------------------|
| OAL18. Medical Facility Code                           | <u>02</u>             | <u>08</u>              |
| GV14. Alcohol Test Results For Driver                  | <u>00</u>             | _____                  |
| GV16. Other Drug Specimen Test Type For Driver         | _____                 | _____                  |
| OA05. Occupant's Age                                   | <u>07</u>             | <u>01</u>              |
| OA06. Occupant's Sex                                   | <u>2</u>              | <u>2</u>               |
| OA07. Occupant's Height                                | <u>999</u>            | _____                  |
| OA08. Occupant's Weight                                | <u>999</u>            | _____                  |
| OA61. Treatment-Mortality                              | <u>3</u>              | <u>3</u>               |
| OA62. Type of Medical Facility (for Initial Treatment) | <u>2</u>              | <u>1</u>               |
| OA63. Hospital Stay                                    | <u>99</u>             | _____                  |



# OCCUPANT ASSESSMENT FORM

## OCCUPANT'S SEATING

1. Primary Sampling Unit Number 13

2. Case Number - Stratum 149A

3. Vehicle Number 01

4. Occupant Number 03

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 10

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 999

Code actual height to the nearest  
centimeter.

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight 999

Code actual weight to the nearest  
kilogram.

(999)Unknown

\_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 22

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture 9

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 2

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative
- [X] Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify):
- [ ] Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify): \_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify): \_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000  
-

- ( \_ 000) Not equipped/not available  
Code the value of the delta V for the impact that initiated the air bag deployment  
( \_ 996) Deployment, unknown longitudinal Delta V  
( \_ 997) Not deployed  
( \_ 998) Unknown if deployed  
( \_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify): \_\_\_\_\_  
(95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown



**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 00  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify): \_\_\_\_\_  
 (03) Object carried by occupant, (specify): \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify): \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify): \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps): \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports): \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) 03  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify): \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION** *continued***53. Seat Back Incline Prior and Post Impact** 01

- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

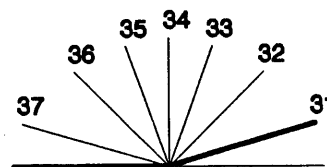
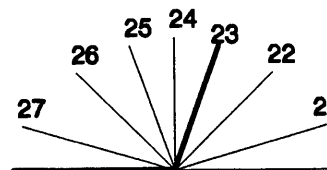
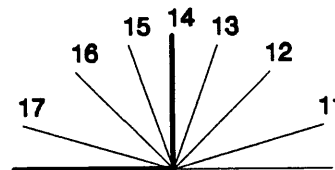
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown 0264. Hospital Stay 00

- (00) Not Hospitalized  
Code the number of days (up through 60)  
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): \_\_\_\_\_  
 (97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 05  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 15  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 9  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 13

3. Vehicle Number 01

2. Case Number - Stratum 149A

4. Occupant Number 03

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| Source of Injury Data | Body Region    | A.I.S. - 90                |                             |                 |                 | Injury Source  | Injury Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |                |                |
|-----------------------|----------------|----------------------------|-----------------------------|-----------------|-----------------|----------------|-------------------------|-------------------------|--------------------------------|----------------|----------------|
|                       |                | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity |                |                         |                         |                                |                |                |
| edema                 | 5. <u>2</u>    | 6. <u>1</u>                | 7. <u>4</u>                 | 8. <u>16</u>    | 9. <u>70</u>    | 10. <u>3</u>   | 11. <u>2</u>            | 12. <u>151</u>          | 13. <u>2</u>                   | 14. <u>1</u>   | 15. <u>60</u>  |
| Closed Head Inj       | 16. <u>2</u>   | 17. <u>1</u>               | 18. <u>6</u>                | 19. <u>04</u>   | 20. <u>10</u>   | 21. <u>2</u>   | 22. <u>0</u>            | 23. <u>151</u>          | 24. <u>2</u>                   | 25. <u>1</u>   | 26. <u>60</u>  |
| abr                   | 27. <u>2</u>   | 28. <u>2</u>               | 29. <u>9</u>                | 30. <u>02</u>   | 31. <u>02</u>   | 32. <u>1</u>   | 33. <u>2</u>            | 34. <u>151</u>          | 35. <u>2</u>                   | 36. <u>1</u>   | 37. <u>00</u>  |
| eyebrow cont          | 38. <u>3</u>   | 39. <u>2</u>               | 40. <u>9</u>                | 41. <u>04</u>   | 42. <u>02</u>   | 43. <u>1</u>   | 44. <u>7</u>            | 45. <u>151</u>          | 46. <u>2</u>                   | 47. <u>1</u>   | 48. <u>60</u>  |
| cont                  | 49. <u>3</u>   | 50. <u>2</u>               | 51. <u>9</u>                | 52. <u>74</u>   | 53. <u>02</u>   | 54. <u>1</u>   | 55. <u>2</u>            | 56. <u>151</u>          | 57. <u>2</u>                   | 58. <u>1</u>   | 59. <u>60</u>  |
| 6th                   | 60. <u>  </u>  | 61. <u>  </u>              | 62. <u>  </u>               | 63. <u>  </u>   | 64. <u>  </u>   | 65. <u>  </u>  | 66. <u>  </u>           | 67. <u>  </u>           | 68. <u>  </u>                  | 69. <u>  </u>  | 70. <u>  </u>  |
| 7th                   | 71. <u>  </u>  | 72. <u>  </u>              | 73. <u>  </u>               | 74. <u>  </u>   | 75. <u>  </u>   | 76. <u>  </u>  | 77. <u>  </u>           | 78. <u>  </u>           | 79. <u>  </u>                  | 80. <u>  </u>  | 81. <u>  </u>  |
| 8th                   | 82. <u>  </u>  | 83. <u>  </u>              | 84. <u>  </u>               | 85. <u>  </u>   | 86. <u>  </u>   | 87. <u>  </u>  | 88. <u>  </u>           | 89. <u>  </u>           | 90. <u>  </u>                  | 91. <u>  </u>  | 92. <u>  </u>  |
| 9th                   | 93. <u>  </u>  | 94. <u>  </u>              | 95. <u>  </u>               | 96. <u>  </u>   | 97. <u>  </u>   | 98. <u>  </u>  | 99. <u>  </u>           | 100. <u>  </u>          | 101. <u>  </u>                 | 102. <u>  </u> | 103. <u>  </u> |
| 10th                  | 104. <u>  </u> | 105. <u>  </u>             | 106. <u>  </u>              | 107. <u>  </u>  | 108. <u>  </u>  | 109. <u>  </u> | 110. <u>  </u>          | 111. <u>  </u>          | 112. <u>  </u>                 | 113. <u>  </u> | 114. <u>  </u> |

### OCCUPANT INJURY DATA

| A.I.S. - 90           |             |                            |                             |                 |                 |        |               |                                |                         |                                |  |
|-----------------------|-------------|----------------------------|-----------------------------|-----------------|-----------------|--------|---------------|--------------------------------|-------------------------|--------------------------------|--|
| Source of Injury Data | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |  |
| 11th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 12th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 13th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 14th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 15th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 16th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 17th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 18th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 19th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 20th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 21st                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 22nd                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 23rd                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 24th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |
| 25th                  | ---         | ---                        | -----                       | -----           | ---             | ---    | -----         | ---                            | ---                     | -----                          |  |

## OCCUPANT INJURY CLASSIFICATION

| Body Region                             | Specific Anatomic Structure  | Level of Injury  | Aspect           |
|---|--|--|------------------|
| (1) Head                                |  | Specific injuries are assigned consecutive two-digit numbers beginning with 02.  | (1) Right        |
| (2) Face                                |  |  | (2) Left         |
| (3) Neck                                | <u>Vessels, Nerves, Organs.</u>  |  | (3) Bilateral    |
| (4) Thorax                              | <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. |  | (4) Central      |
| (5) Abdomen                             |  | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (5) Anterior     |
| (6) Spine                               |  |  | (6) Posterior    |
| (7) Upper Extremity                     |  |  | (7) Superior     |
| (8) Lower Extremity                     |  |  | (8) Inferior     |
| (9) Unspecified                         | The exceptions to this rule apply to:  |  | (9) Unknown      |
|   |  |  | (0) Whole region |
| <b>Type of Anatomic Structure</b>       | <u>Whole Area</u>  |  |                  |
| (1) Whole Area                          | (02) Skin - Abrasion   |  |                  |
| (2) Vessels                             | (04) Skin - Contusion  |  |                  |
| (3) Nerves                              | (06) Skin - Laceration   |  |                  |
| (4) Organs (includes Muscles/ligaments) | (08) Skin - Avulsion   |  |                  |
| (5) Skeletal (includes joints)          | (10) Amputation  |  |                  |
| (6) Head - LOC                          | (20) Burn  |  |                  |
| (9) Skin                                | (30) Crush   |  |                  |
|   | (40) Degloving   |  |                  |
|   | (50) Injury - NFS  |  |                  |
|   | (90) Trauma, other than mechanical   |  |                  |
|   | <u>Head - LOC</u>  |  |                  |
|   | (02) Length of LOC   |  |                  |
|   | (04) Level   |  |                  |
|   | (06) of  |  |                  |
|   | (08) Consciousness   |  |                  |
|   | (10) Concussion  |  |                  |
|   | <u>Spine</u>   |  |                  |
|   | (02) Cervical  |  |                  |
|   | (04) Thoracic  |  |                  |
|   | (06) Lumbar  |  |                  |
|   |  | <b>Abbreviated Injury Scale</b>  |                  |
|   |  | (1) Minor Injury   |                  |
|   |  | (2) Moderate Injury  |                  |
|   |  | (3) Serious Injury   |                  |
|   |  | (4) Severe Injury  |                  |
|   |  | (5) Critical Injury  |                  |
|   |  | (6) Maximum (untreatable)  |                  |
|   |  | (7) Injured, unknown severity  |                  |

## SOURCE OF INJURY DATA

## INJURY SOURCE

## DIRECT/INDIRECT INJURY

## CONFIDENCE LEVEL

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source



## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): \_\_\_\_\_
- (195) Other air bag compartment cover (specify): \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

### FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

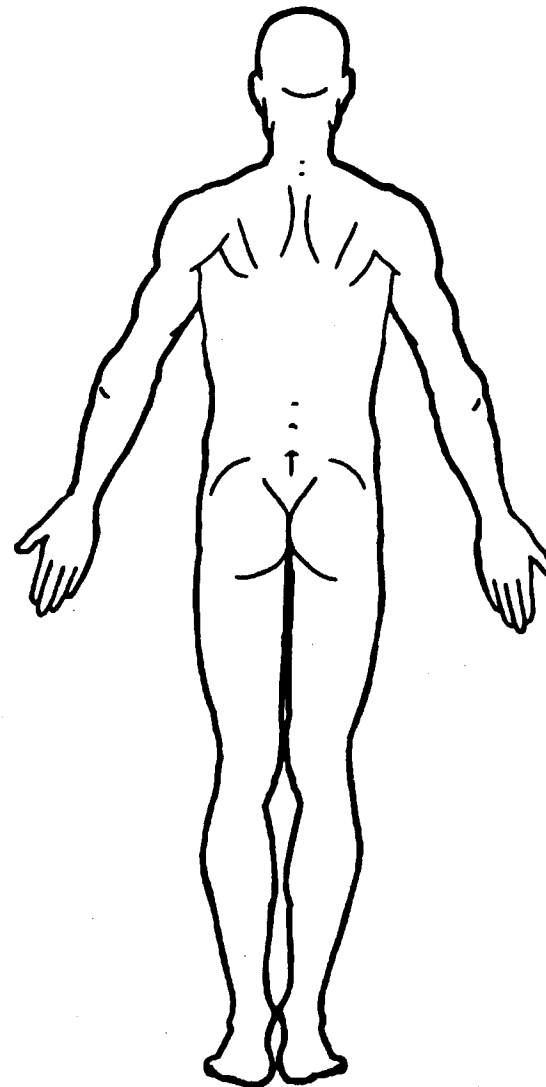
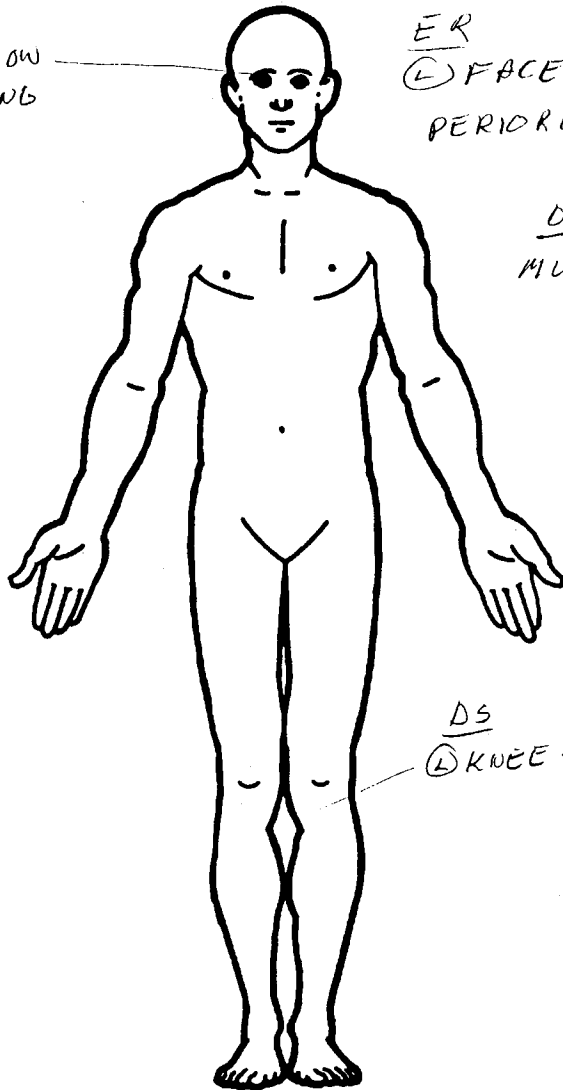
ER : CLOSED HEAD INJURY ; CANNOT REMEMBER WHAT HAPPENED

ER  
⑧ EYEBROW  
BRUISING

ER  
⑦ FACE ABR.  
PERIORBITAL ECCHYMOSIS

DS  
MULTIPLE ABRASIONS

DS  
⑥ KNEE - LAC. 1 CM.



## OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol  
Level (mg/dl)

BAL = NR

Glasgow Coma  
Scale Score

GCSS = 15

A/D L3

Units of Blood  
Given

Units = NR

Arterial Blood  
Gases

pH = —

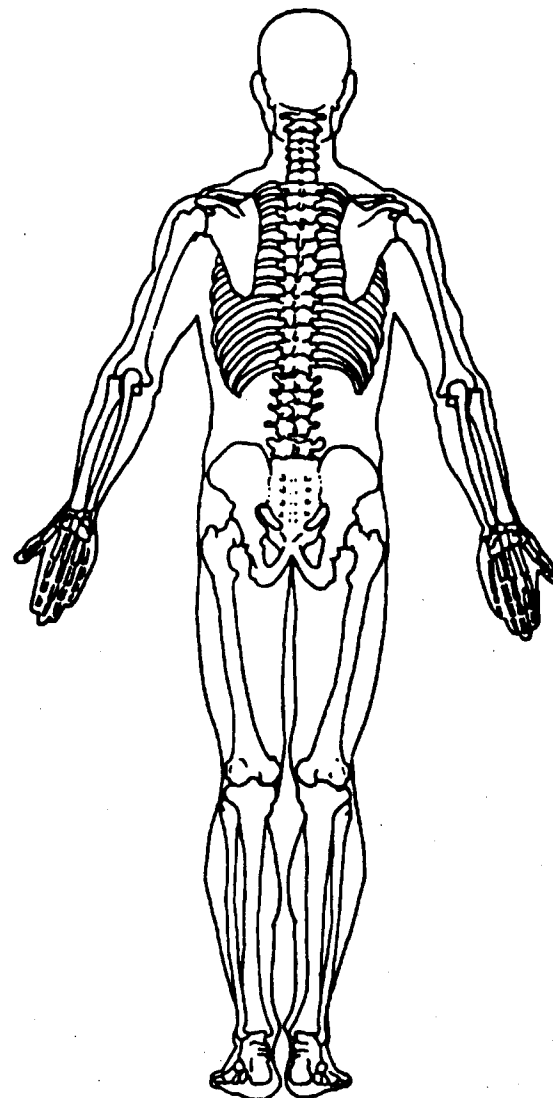
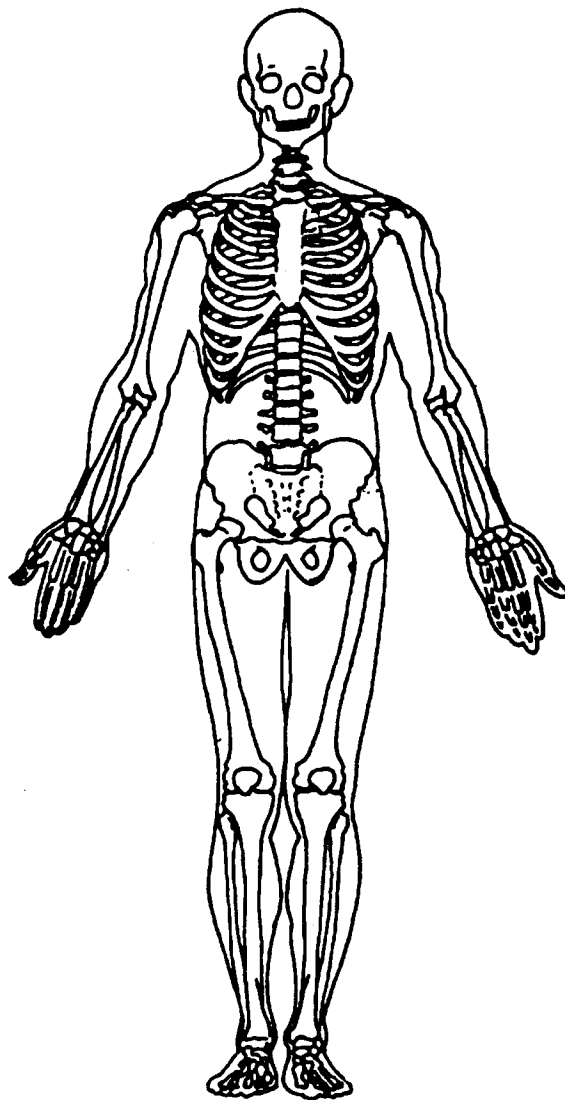
PO<sub>2</sub> = —

PCO<sub>2</sub> = —

HCO<sub>3</sub> = —

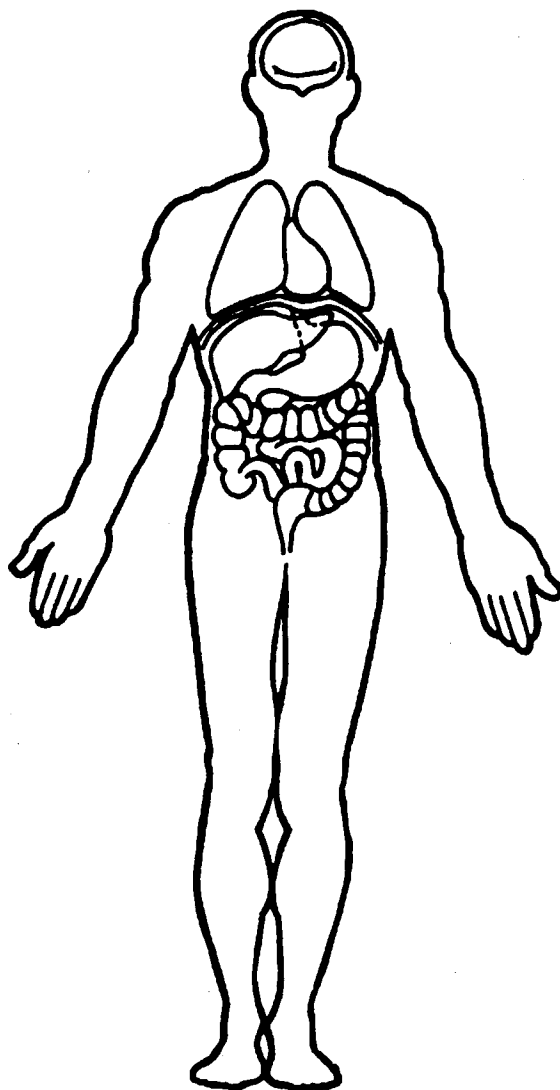
not  
reported

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

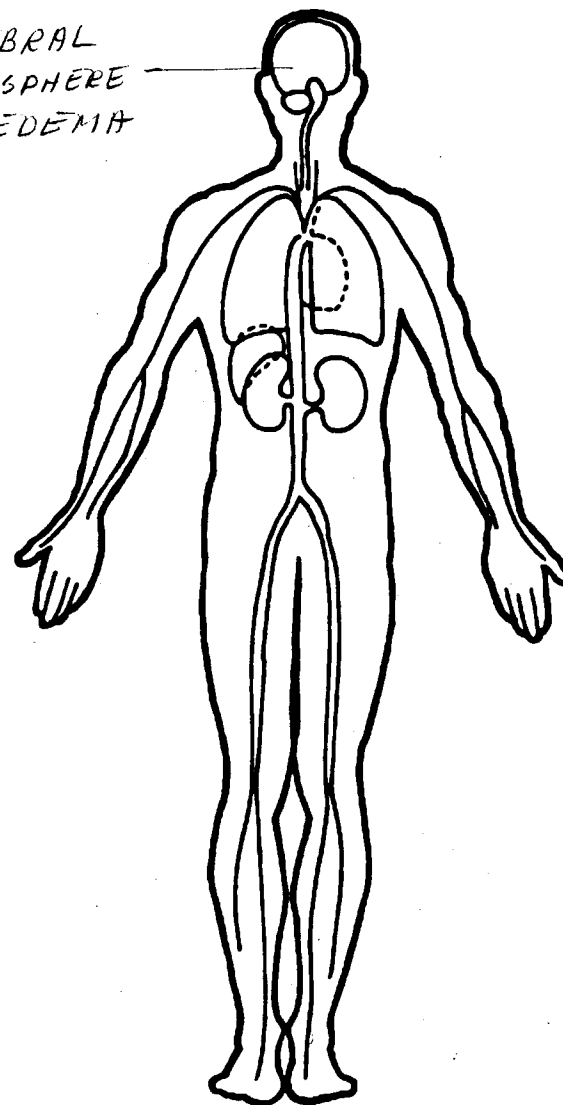


## OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



DS  
④ CEREBRAL  
HEMISPHERE  
SLIGHT EDEMA



**PRECRASH ENVIRONMENTAL DATA**19. Relation To Interchange Or Junction 2

- (0) Non-interchange area and non-junction  
(1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
(3) Driveway, alley access related  
(4) Other junction (specify) \_\_\_\_\_

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)  
(1) Divided trafficway-median strip without positive barrier  
(2) Divided trafficway-median strip with positive barrier  
(3) One way traffic  
(9) Unknown

21. Number Of Travel Lanes 2

- (1) One  
(2) Two  
(3) Three  
(4) Four  
(5) Five  
(6) Six  
(7) Seven or more  
(9) Unknown

22. Roadway Alignment 1

- (1) Straight  
(2) Curve right  
(3) Curve left  
(9) Unknown

23. Roadway Profile 1

- (1) Level  
(2) Uphill grade (>2%)  
(3) Hill crest  
(4) Downhill grade (>2%)  
(5) Sag  
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete  
(2) Bituminous (asphalt)  
(3) Brick or block  
(4) Slag, gravel, or stone  
(5) Dirt  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry  
(2) Wet  
(3) Snow or slush  
(4) Ice  
(5) Sand, dirt, or oil  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

26. Light Conditions 1

- (1) Daylight  
(2) Dark  
(3) Dark, but lighted  
(4) Dawn  
(5) Dusk  
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions  
(1) Rain  
(2) Sleet/hail  
(3) Snow  
(4) Fog  
(5) Rain and fog  
(6) Sleet and fog  
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
(9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)  
(1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
(3) Yield sign  
(4) School zone sign  
(5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)  
(7) Unknown sign  
(8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

- (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device  
(1) Traffic control device not functioning (specify): \_\_\_\_\_  
(2) Traffic control device functioning properly  
(9) Unknown

**OCCUPANT RELATED**

37. Driver Presence in Vehicle 1  
(0) Driver not present  
(1) Driver present  
(9) Unknown
38. Number of Occupants This Vehicle 01  
(00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown
39. Number of Occupant Forms Submitted 01

**AIR BAG RELATED**

40. Is this an AOPS Vehicle? 0  
(0) No (includes unknown)  
(1) Yes - researcher determined  
(2) VIN determined air bag system  
(3) VIN determined automatic (passive) belts  
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0  
(0) Not equipped or not available  
(1) No air bags deployed  
*Single Air Bag Vehicle*  
(2) Driver air bag deployed  
(3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
(4) Driver side only deployed  
(5) Passenger side only deployed  
(6) Driver and passenger side deployed  
(7) Driver and passenger side unknown if deployed  
(8) Air bag(s) deployed, details unknown  
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
(0) Not equipped with an "other" air bag  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, details unknown  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

**VEHICLE WEIGHT ITEMS**

43. Vehicle Curb Weight 2,130  
Code weight to nearest 10 kilograms.  
(045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown  
lbs X .4536 = 2,132 kgs

Source: \_\_\_\_\_

44. Vehicle Cargo Weight 1,400  
Code weight to nearest 10 kilograms.  
(000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown  
3,080 lbs X .4536 = 1,397 kgs  
Source: \_\_\_\_\_

**ROLLOVER DATA**

45. Rollover 05  
(00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
(01-16) Code the number of quarter turns  
(17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type 07  
(00) No rollover  
(01) Trip-over  
(02) Flip-over  
(03) Turn-over  
(04) Climb-over  
(05) Fall-over  
(06) Bounce-over  
(07) Collision with another vehicle  
(08) Other rollover initiation type specify): \_\_\_\_\_  
(98) Rollover--end-over-end  
(99) Unknown rollover initiation type
47. Location of Rollover Initiation 4  
(0) No rollover  
(1) On roadway  
(2) On shoulder--paved  
(3) On shoulder--unpaved  
(4) On roadside or divided trafficway median  
(8) Rollover--end-over-end  
(9) Unknown
48. Rollover Initiation Object Contacted 01  
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 2  
(0) No rollover  
(1) Wheels/tires  
(2) Side plane  
(3) End plane  
(4) Undercarriage  
(5) Other location on vehicle (specify): \_\_\_\_\_  
(6) Non-contact rollover forces (specify): \_\_\_\_\_  
(8) Rollover--end-over-end  
(9) Unknown
50. Direction of Initial Roll 2  
(0) No rollover  
(1) Roll right - primarily about the longitudinal axis  
(2) Roll left - primarily about the longitudinal axis  
(8) Rollover--end-over-end  
(9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

| Administration                  |      |
|---------------------------------|------|
| 1. Primary Sampling Unit Number | 13   |
| 2. Case Number - Stratum        | 149A |
| 3. Vehicle Number               | 02   |

## VEHICLE IDENTIFICATION

VIN 1FDKF38F2S [REDACTED] Model Year 95  
Vehicle Make (specify): Ford Vehicle Model (specify): F-350 Diesel

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage             | Location of Field L | Location of Max Crush         |
|---------------------|---------------------------------------|---------------------|-------------------------------|
| 1                   | begin 518cm in Front<br>off Front Hub | Same                | 128cm Behind (R) Front<br>hub |
|                     |                                       |                     |                               |

### CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Use as many lines/columns as necessary to describe each damage profile.**

[illegible]



# ORIGINAL SPECIFICATIONS WORK SHEET

|                          |              |        |         |   |                |
|--------------------------|--------------|--------|---------|---|----------------|
| Wheelbase                | <u>136.8</u> | inches | x 2.54  | = | <u>347</u> cm  |
| Overall Length           | <u>208.8</u> | inches | x 2.54  | = | <u>530</u> cm  |
| Maximum Width            | _____        | inches | x 2.54  | = | _____ cm       |
| Curb Weight              | <u>4700</u>  | pounds | x .4536 | = | <u>2132</u> kg |
| Average Track            | <u>62.2</u>  | inches | x 2.54  | = | <u>158</u> cm  |
| Front Overhang           | <u>33.5</u>  | inches | x 2.54  | = | <u>85</u> cm   |
| Rear Overhang            | _____        | inches | x 2.54  | = | _____ cm       |
| Undeformed End Width     | _____        | inches | x 2.54  | = | _____ cm       |
| Engine Size: cyl./displ. | _____        | cc     | x .001  | = | _____ L        |
|                          | _____        | CID    | x .0164 | = | _____ L        |

## VEHICLE DAMAGE SKETCH

## TIRE—WHEEL DAMAGE

a. Rotation physically restricted

b. Tire deflated

RF 1  
LF 2  
RR 2  
LR 2RF 2  
LF 1  
RR 3  
LR 1

(1) Yes (2) No (8) NA (9) Unk.

## TYPE OF TRANSMISSION

☐ Manual ☒ AutomaticEND SHIFT  $\geq$  10 CM☐ Yes ☒ No

## ORIGINAL SPECIFICATIONS

Wheelbase 347 cmOverall Length 530 cmMaximum Width measured 170 cmCurb Weight 2400<sup>lb</sup> 2132 kgAverage Track 158 cmFront Overhang 85 cmRear Overhang measured 100 cmUndeformed End Width 225 cmEngine Size: cyl./displ. 118/7.3 L  
Diesel

## WHEEL STEER ANGLES

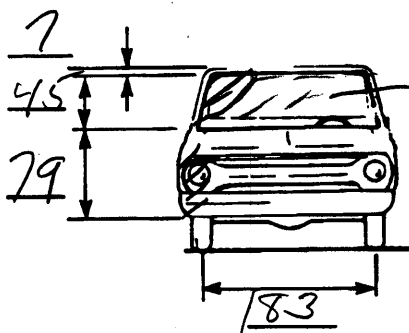
(For locked front wheels or displaced rear axles only)

RF  $\pm$  10 °LF  $\pm$  10 °RR  $\pm$  X °LR  $\pm$  X °Within  $\pm$  5 degrees

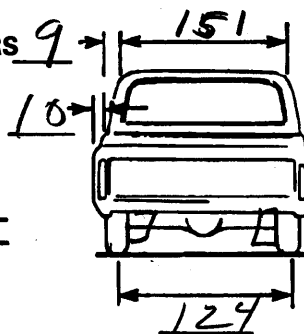
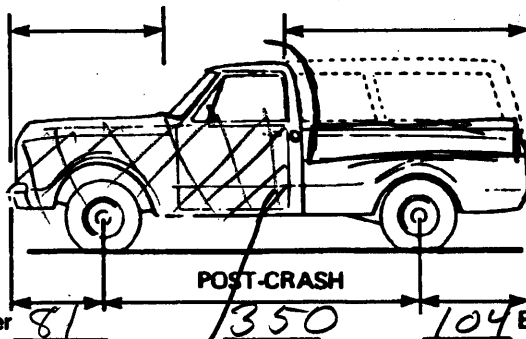
## DRIVE WHEELS

☐ FWD ☐ RWD ☒ 4WD

Approximate

Cargo Weight 1392 kg

## MEASUREMENTS IN CENTIMETERS

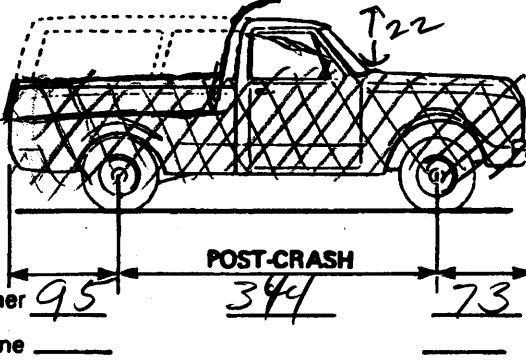
crackedrockNo Rear Bumper

Bumper corner

Stringline

Bumper corner

Stringline

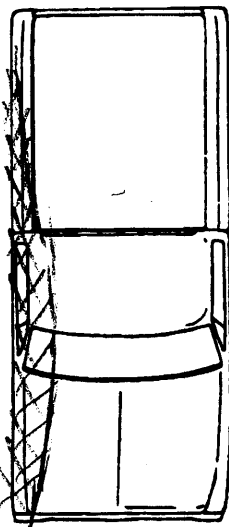
roll over

Bumper corner

Stringline

Bumper corner

Stringline



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

### CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

| Accident<br>Event<br>Sequence<br>Number | Object<br>Contacted | (1) (2)<br>Direction<br>of Force | (3)<br>Deformation<br>Location | (4)<br>Longitudinal<br>or Lateral<br>Location | (5)<br>Vertical or<br>Lateral<br>Location | (6)<br>Type of<br>Damage<br>Distribution | (7)<br>Deformation<br>Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u>                            | 5. <u>01</u>        | 6. <u>01</u>                     | 7. <u>R</u>                    | 8. <u>D</u>                                   | 9. <u>E</u>                               | 10. <u>W</u>                             | 11. <u>03</u>                |

## Second Highest Delta "V"

|                                |               |               |              |              |              |              |               |
|--------------------------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|
| 12. <u>04</u><br><del>03</del> | 13. <u>31</u> | 14. <u>00</u> | 15. <u>T</u> | 16. <u>D</u> | 17. <u>D</u> | 18. <u>O</u> | 19. <u>04</u> |
|--------------------------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

|              |                          |                      |                      |                      |                      |                      |               |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|
| 20. <u>L</u> | 21. <u>C<sub>1</sub></u> | <u>C<sub>2</sub></u> | <u>C<sub>3</sub></u> | <u>C<sub>4</sub></u> | <u>C<sub>5</sub></u> | <u>C<sub>6</sub></u> | 22. <u>±D</u> |
| <u>390</u>   | <u>000</u>               | <u>000</u>           | <u>038</u>           | <u>042</u>           | <u>015</u>           | <u>027</u>           | <u>0005</u>   |

## Second Highest Delta "V"

|              |                          |                      |                      |                      |                      |                      |               |
|--------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|
| 23. <u>L</u> | 24. <u>C<sub>1</sub></u> | <u>C<sub>2</sub></u> | <u>C<sub>3</sub></u> | <u>C<sub>4</sub></u> | <u>C<sub>5</sub></u> | <u>C<sub>6</sub></u> | 25. <u>±D</u> |
| <u>---</u>   | <u>---</u>               | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>---</u>           | <u>---</u>    |

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.)  
998  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(998) No highest severity end plane impact  
(999) Unknown

27. Direct Damage Width  
(For highest severity impact)  
250  
390 Code to the nearest centimeter  
(250) 250 centimeters or more  
(999) Unknown

28. Original Wheelbase  
347  
Code to the nearest centimeter  
(650) 650 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

29. Original Average Track Width  
158  
Code to the nearest centimeter  
(185) 185 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

## FUEL SYSTEM

30. Are CDCs Documented  
but Not Coded on The  
Automated File?

- (0) No  
(1) Yes

31. Researcher's Assessment of Vehicle  
Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications

(specify): Dump box Added

(Include photograph of CERTIFICATION  
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle)  
on left side plane  
(3) Aft of center of the rear wheels (rear axle)  
on right side plane  
(4) Forward of center of the rear wheels (rear  
axle) on left side plane  
(5) Forward of center of the rear wheels (rear  
axle) on right side plane  
(6) Over the center of the rear wheels (rear  
axle) on left side plane  
(7) Over the center of the rear wheels (rear  
axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle)  
centered  
(2) Aft of center of the rear wheels (rear axle)  
left side  
(3) Aft of center of the rear wheels (rear axle)  
right side  
(4) Forward of center of the rear wheels (rear  
axle) centered  
(5) Forward of center of the rear wheels (rear  
axle) left side  
(6) Forward of center of the rear wheels (rear  
axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

## FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

- (9) Unknown





## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

13

2. Case Number - Stratum

149A

3. Vehicle Number

02

### INTEGRITY

4. Passenger Compartment Integrity

11

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09  $\neq$  2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

### GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 0 19. RR 0  
20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 4 25. RF 4 26. LR 0 27. RR 0  
28. BL 1 29. Roof 0 30. Other 3

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 6 34. LR 0 35. RR 0  
36. BL 6 37. Roof 0 38. Other 6

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 0 43. RR 0  
44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

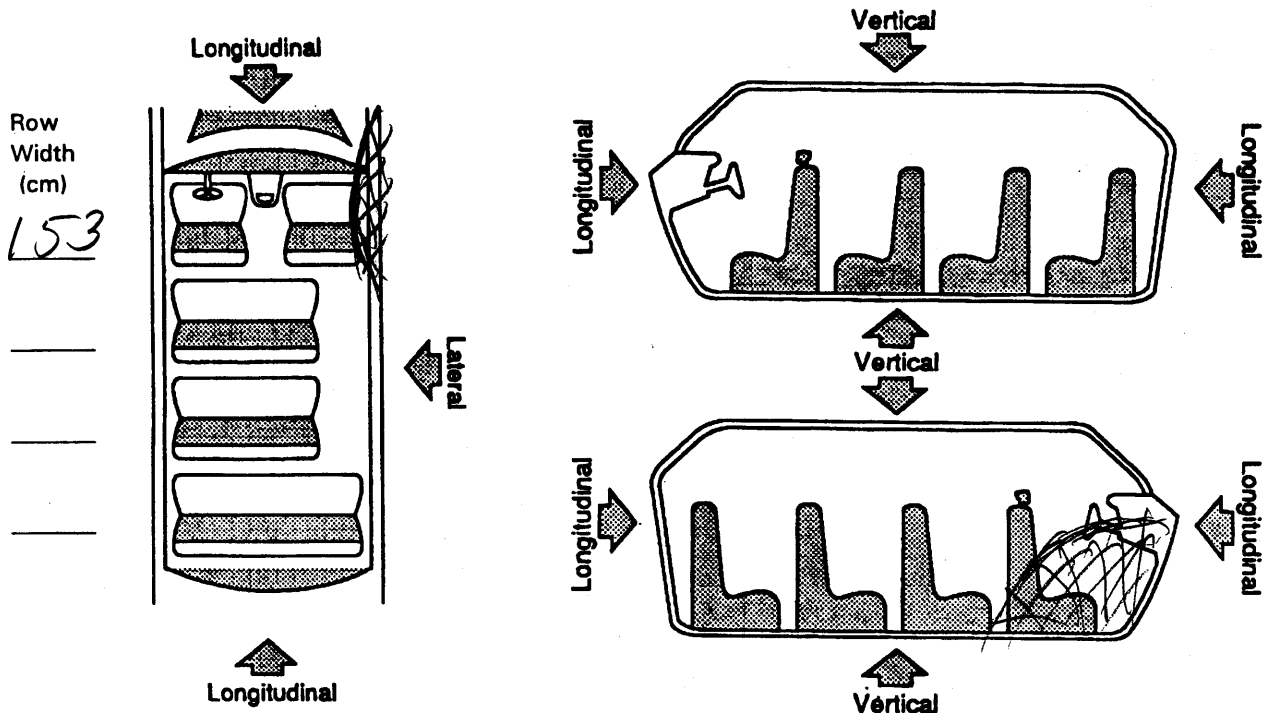
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

# INTRUSION WORKSHEET

Note: Sketch intruded areas



| LOCATION OF INTRUSION | INTRUDED COMPONENT | (All Measurements Are In Centimeters) |   |                |   | INTRUSION | DOMINANT CRUSH DIRECTION |
|-----------------------|--------------------|---------------------------------------|---|----------------|---|-----------|--------------------------|
|                       |                    | COMPARISON VALUE                      | — | INTRUDED VALUE | = |           |                          |
| 13                    | Door panel 11      | 53                                    | — | 46             | = | 7         | Lat                      |
| 13                    | Roof 13            | 83                                    | — | 61             | = | 22        | Verit                    |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |
|                       |                    |                                       | — |                | = |           |                          |



**OCCUPANT AREA INTRUSION**

Note: If no intrusions, leave variables IV47-IV86 blank.

**INTRUDING COMPONENT***Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

*Exterior Components*

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

**MAGNITUDE OF INTRUSION**

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

**DOMINANT CRUSH DIRECTION**

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

|      | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|------|-----------------------|---------------------|------------------------|--------------------------|
| 1st  | 47. <u>13</u>         | 48. <u>13</u>       | 49. <u>3</u>           | 50. <u>3</u>             |
| 2nd  | 51. <u>13</u>         | 52. <u>11</u>       | 53. <u>1</u>           | 54. <u>1</u>             |
| 3rd  | 55. _____             | 56. _____           | 57. _____              | 58. _____                |
| 4th  | 59. _____             | 60. _____           | 61. _____              | 62. _____                |
| 5th  | 63. _____             | 64. _____           | 65. _____              | 66. _____                |
| 6th  | 67. _____             | 68. _____           | 69. _____              | 70. _____                |
| 7th  | 71. _____             | 72. _____           | 73. _____              | 74. _____                |
| 8th  | 75. _____             | 76. _____           | 77. _____              | 78. _____                |
| 9th  | 79. _____             | 80. _____           | 81. _____              | 82. _____                |
| 10th | 83. _____             | 84. _____           | 85. _____              | 86. _____                |

**LOCATION OF INTRUSION****Front Seat**

- (11) Left
- (12) Middle
- (13) Right

**Second Seat**

- (21) Left
- (22) Middle
- (23) Right

**Third Seat**

- (31) Left
- (32) Middle
- (33) Right

**Fourth Seat**

- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) \_\_\_\_\_

(99) Unknown

## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

## STEERING COLUMN

## INSTRUMENT PANEL

## 87. Steering Column Type

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify):  
 (9) Unknown

## 88. Tilt Steering Column Adjustment

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

## 89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

## 90. Steering Rim/Spoke Deformation

- Code actual measured  
 deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

## 91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

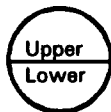
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

## 92. Odometer Reading

999,000  
 kilometers  
 Code to the nearest 1,000 kilometers  
 (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown  
 miles X 1.6093 = \_\_\_\_\_ kilometers

Source: \_\_\_\_\_

## 93. Instrument Panel Damage from Occupant Contact?

- (0) No  
 (1) Yes  
 (9) Unknown

## 94. Type of Knee Bolster Covering

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify):  
 (9) Unknown

## 95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

## 96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

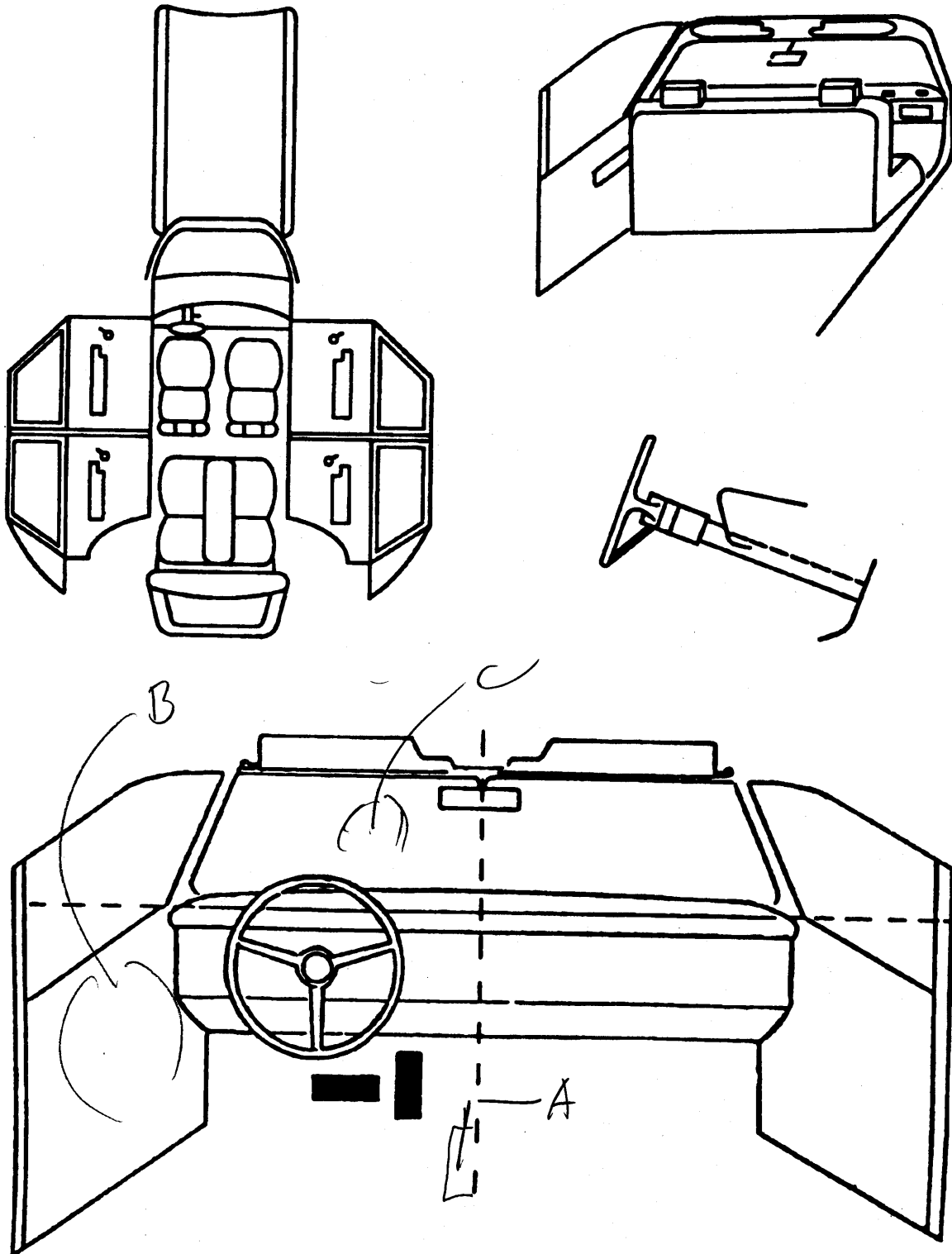
## 97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
 [ ] Hand controls for braking/acceleration  
 [ ] Steering control devices (attached to OEM steering wheel)  
 [ ] Steering knob attached to steering wheel  
 [ ] Low effort power steering (unit or device)  
 [ ] Replacement steering wheel (i.e., reduced diameter)  
 [ ] Joy-stick steering controls  
 [ ] Wheelchair tie-downs  
 [ ] Modification to seat belts (specify):  
 [ ] Additional or relocated switches (specify):  
 [ ] Raised roof  
 [ ] Wall-mounted head rest (used behind wheelchair)  
 [ ] Other adaptive device (specify):

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).  
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A       | 252                          | 1                     | Leg                  | Scuff Fabric                 | 2                                 |
| B       | 051                          | 1                     | Hip                  | Scuff Fabric blood skin      | 2                                 |
| C       | 001                          | 1                     | Head                 | SKIN                         | 2                                 |
| D       |                              |                       |                      |                              |                                   |
| E       |                              |                       |                      |                              |                                   |
| F       |                              |                       |                      |                              |                                   |
| G       |                              |                       |                      |                              |                                   |
| H       |                              |                       |                      |                              |                                   |
| I       |                              |                       |                      |                              |                                   |
| J       |                              |                       |                      |                              |                                   |
| K       |                              |                       |                      |                              |                                   |
| L       |                              |                       |                      |                              |                                   |
| M       |                              |                       |                      |                              |                                   |
| N       |                              |                       |                      |                              |                                   |

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify):  
 (195) Other air bag compartment cover (specify):

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

|        |                      | Left | Center | Right |
|--------|----------------------|------|--------|-------|
| FIRST  | Availability         | 4    | 3      | 4     |
|        | Evidence of usage    | 04   | 03     | 04    |
|        | Used in this crash?  | 1    | 0      | 0     |
|        | Proper Use           | 1    | 0      | 0     |
|        | Failure Modes        | 1    | 0      | 0     |
|        | Anchorage Adjustment | 1    | 0      | 1     |
| SECOND | Availability         |      |        |       |
|        | Evidence of usage    |      |        |       |
|        | Used in this crash?  | X    | X      | X     |
|        | Proper Use           |      |        |       |
|        | Failure Modes        |      |        |       |
|        | Anchorage Adjustment |      |        |       |
| OTHER  | Availability         |      |        |       |
|        | Evidence of usage    |      |        |       |
|        | Used in this crash?  | X    | X      | X     |
|        | Proper Use           |      |        |       |
|        | Failure Modes        |      |        |       |
|        | Anchorage Adjustment |      |        |       |

## Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

## Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

## Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

## Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

## Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

|       |                       | Left Front | Right Front | Other |
|-------|-----------------------|------------|-------------|-------|
| FIRST | Availability/Function |            |             |       |
|       | Deployment            |            |             |       |
|       | Failure               |            |             |       |

**Air Bag System Availability/Function**

(0) Not equipped/not available

(1) Air bag

**Non-functional**

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled

(9) Unknown

**Are There Indications of Air Bag System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): \_\_\_\_\_

(9) Unknown

**Frontal Air Bag System Deployment (This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

**Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)**

(0) Not equipped with an "other" air bag

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

**AUTOMATIC BELTS**

|       |                       | Left | Right |
|-------|-----------------------|------|-------|
| FIRST | Availability/Function |      |       |
|       | Use                   |      |       |
|       | Type                  |      |       |
|       | Proper Use            |      |       |
|       | Failure Modes         |      |       |

**Automatic (Passive) Belt System Availability/Function**

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

**Non-functional**

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

**Automatic (Passive) Belt System Use**

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

**Automatic (Passive) Belt System Type**

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

**Proper Use of Automatic (Passive) Belt System**

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

**Automatic Belt Used Improperly**

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

**Automatic (Passive) Belt Failure Modes During Accident**

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## FIRST SEAT FRONTAL AIR BAGS

**NOTES:** Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

|                                 | Driver | Passenger |
|---------------------------------|--------|-----------|
| Type of air bag?                |        |           |
| Flaps open at tear points?      |        |           |
| Flaps damaged?                  |        |           |
| Air bag damaged?                |        |           |
| Source of air bag damage        |        |           |
| Air bag tethered?               |        |           |
| Air bag have vent ports?        |        |           |
| Other occupant contact air bag? |        |           |
| Occupant wearing eyewear?       |        |           |

### Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

### Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

#### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

### Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

### Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

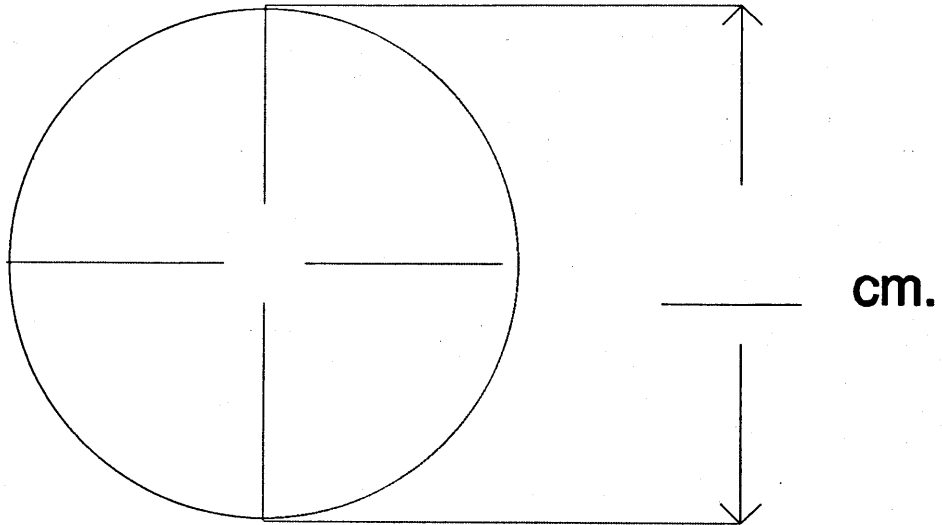
### Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

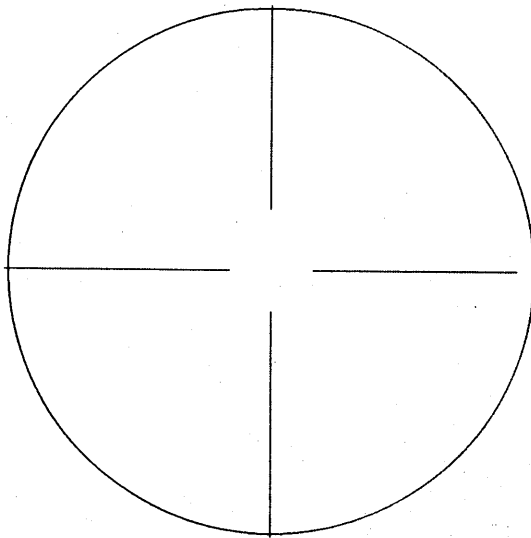


**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**

**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)**



**2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**



### DRIVER AIR BAG SKETCHES (Cont'd)

#### 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

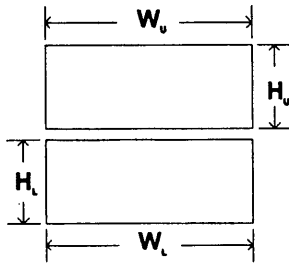
b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_U$ ) \_\_\_\_\_

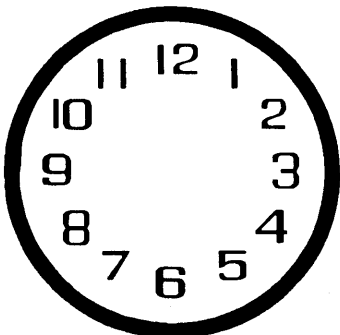
height ( $H_L$ ) \_\_\_\_\_

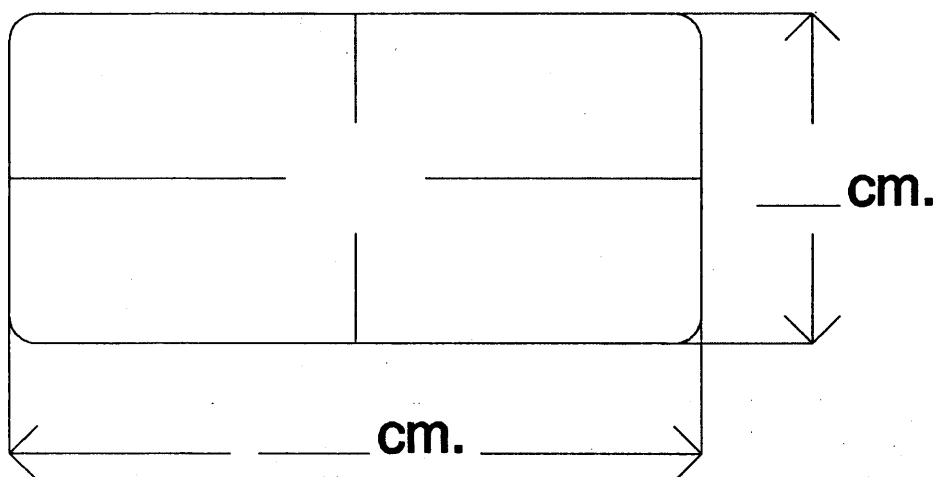
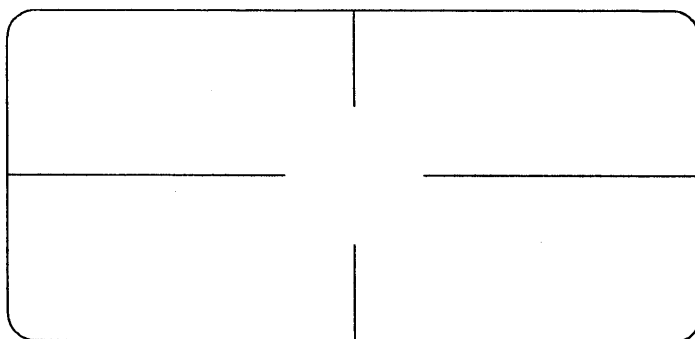


#### 4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

#### 5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

#### 6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



**PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

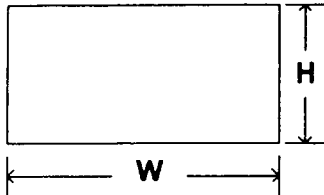
## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

#### a. Flap

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

#### a. Upper Flap

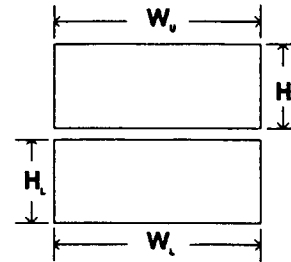
#### b. Lower Flap

width ( $W_u$ ) \_\_\_\_\_

width ( $W_l$ ) \_\_\_\_\_

height ( $H_u$ ) \_\_\_\_\_

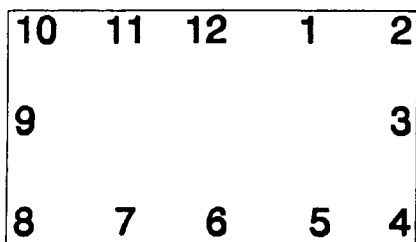
height ( $H_l$ ) \_\_\_\_\_



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**

**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

|               |                                   | Left | Center | Right |
|---------------|-----------------------------------|------|--------|-------|
| <b>FIRST</b>  | Head Restraint Type/Damage        | 3    | 6      | 3     |
|               | Seat Type                         | 03   | 03     | 03    |
|               | Seat Performance                  | 1    | 1      | 1     |
|               | Seat Orientation                  | 1    | 1      | 1     |
|               | Seat Track Position               | 6    | 6      | 6     |
|               | Seat Back Incline Pre/Post Impact | 01   | 01     | 01    |
| <b>SECOND</b> | Head Restraint Type/Damage        |      |        |       |
|               | Seat Type                         | X    |        | X     |
|               | Seat Performance                  | X    | X      | X     |
|               | Seat Orientation                  |      |        |       |
|               | Seat Track Position               | X    | X      | X     |
|               | Seat Back Incline Pre/Post Impact |      |        |       |
| <b>THIRD</b>  | Head Restraint Type/Damage        |      |        |       |
|               | Seat Type                         | X    | X      | X     |
|               | Seat Performance                  | X    | X      | X     |
|               | Seat Orientation                  |      |        |       |
|               | Seat Track Position               | X    | X      | X     |
|               | Seat Back Incline Pre/Post Impact |      |        |       |
| <b>OTHER</b>  | Head Restraint Type/Damage        |      |        |       |
|               | Seat Type                         | X    | X      | X     |
|               | Seat Performance                  | X    | X      | X     |
|               | Seat Orientation                  |      |        |       |
|               | Seat Track Position               | X    | X      | X     |
|               | Seat Back Incline Pre/Post Impact |      |        |       |

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

**HEAD RESTRAINTS/SEAT EVALUATION****Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other  
Specify): \_\_\_\_\_
- (9) Unknown

**Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

**Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track**
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

**Upright prior to impact**

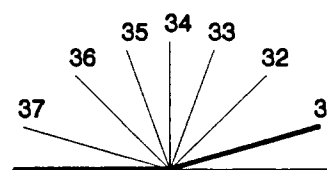
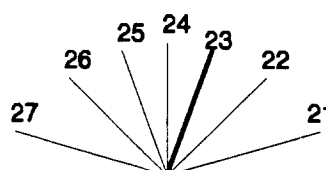
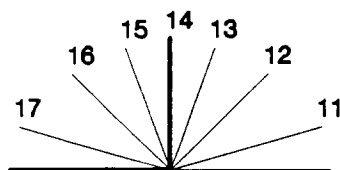
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**Slightly reclined prior to impact**

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**



## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

|                                    |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| Occupant Number                    |  |  |  |  |  |  |
| 1. Type of Child Safety Seat       |  |  |  |  |  |  |
| 2. Child Safety Seat Orientation   |  |  |  |  |  |  |
| 3. Child Safety Seat Harness Usage |  |  |  |  |  |  |
| 4. Child Safety Seat Shield Usage  |  |  |  |  |  |  |
| 5. Child Safety Seat Tether Usage  |  |  |  |  |  |  |
| 6. Child Safety Seat Make/Model    | Specify Below for Each Child Safety Seat |  |  |  |  |  |

**1. Type of Child Safety Seat**

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): \_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

**2. Child Safety Seat Orientation**

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): \_\_\_\_\_

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): \_\_\_\_\_

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): \_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

**3. Child Safety Seat Harness Usage**

**4. Child Safety Seat Shield Usage**

- 5. Child Safety Seat Tether Usage**  
 Note: Options Below Are Used for Variables 3-5.  
 (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

- 6. Child Safety Seat Make/Model**  
 (Specify make/model and occupant number)

---



---



---



---

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

---



---



---



---

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Occupant Number                                    |  |  |  |  |  |  |
| Ejection   |  |  |  |  |  |  |
| (Note on Vehicle Interior Sketch)<br>Ejection Area |  |  |  |  |  |  |
| Ejection Medium                                    |  |  |  |  |  |  |
| Medium Status                                      |  |  |  |  |  |  |

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No ☒ Yes ☐

Describe entrapment mechanism: \_\_\_\_\_

---



---



---



---

Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

13

2. Case Number - Stratum

1494

3. Vehicle Number

02

4. Occupant Number

01

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

34

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

183

Code actual height to the nearest  
centimeter.

(999) Unknown

72 inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight

082

Code actual weight to the nearest  
kilogram.

(999)Unknown

180 pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

### OCCUPANT'S SEATING

10. Occupant's Seat Position

11

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt \_\_\_\_\_
- (03) Lap belt \_\_\_\_\_
- (04) Lap and shoulder belt \_\_\_\_\_
- (05) Belt used—type unknown \_\_\_\_\_
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used \_\_\_\_\_

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown \_\_\_\_\_

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown \_\_\_\_\_

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

**POLICE REPORTED RESTRAINT USE**28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

## Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [x] Vehicle inspection  
 [ ] Official injury data  
 [x] Driver/occupant interview  
 [ ] Other (specify):  
 [ ] Unknown if belt used
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AIR BAG SYSTEM FUNCTION**30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

\_\_\_\_\_

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_

- (6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 000

Deployment Impact

- (\_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (\_996) Deployment, unknown longitudinal Delta V

- (\_997) Not deployed

- (\_998) Unknown if deployed

- (\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION****44. Source of Air Bag Damage** 00

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

**45. Was The Air Bag Tethered?** 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**46. Did The Air Bag Have Vent Ports?** 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?** 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**48. Was This Occupant Wearing Eye-wear?** 0

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**49. Head Restraint Type/Damage by Occupant at This Occupant Position** 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

**50. Seat Type (this Occupant Position)** 03

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify):

(99) Unknown

**51. Seat Orientation (this Occupant Position)** 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

**52. Seat Track Adjusted Position Prior To Impact** 6

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown



**HEAD RESTRAINT AND SEAT EVALUATION** *continued***53. Seat Back Incline Prior and Post Impact** 01

- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

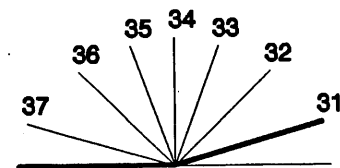
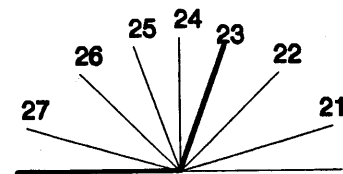
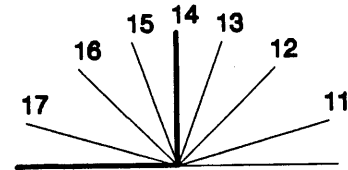
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****61. Injury Severity (Police Rating)** 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**62. Treatment - Mortality** 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

**Nonfatal**

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

**63. Type Of Medical Facility (for Initial Treatment)** 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**64. Hospital Stay** 00

- (00) Not Hospitalized  
Code the number of days (up through 60)  
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

**65. Working Days Lost** 00

- Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 04

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 01  
(at Medical Facility)

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**74. Primary Source of Belt Use Determination 1

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 13

3. Vehicle Number 02

2. Case Number - Stratum 149A

4. Occupant Number 01

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

*forehead cuts*  
*④ Shoulder cont*  
*chest cont*  
*abdomen cont*

|      | Source of Injury Data | Body Region    | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect         | Injury Source  | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
|------|-----------------------|----------------|----------------------------|-----------------------------|-----------------|-----------------|----------------|----------------|--------------------------------|-------------------------|--------------------------------|
| 1st  | 5. <u>7</u>           | 6. <u>2</u>    | 7. <u>9</u>                | 8. <u>06</u>                | 9. <u>00</u>    | 10. <u>1</u>    | 11. <u>7</u>   | 12. <u>602</u> | 13. <u>2</u>                   | 14. <u>3</u>            | 15. <u>00</u>                  |
| 2nd  | 16. <u>7</u>          | 17. <u>7</u>   | 18. <u>9</u>               | 19. <u>04</u>               | 20. <u>02</u>   | 21. <u>1</u>    | 22. <u>2</u>   | 23. <u>152</u> | 24. <u>1</u>                   | 25. <u>1</u>            | 26. <u>00</u>                  |
| 3rd  | 27. <u>7</u>          | 28. <u>4</u>   | 29. <u>9</u>               | 30. <u>04</u>               | 31. <u>02</u>   | 32. <u>1</u>    | 33. <u>2</u>   | 34. <u>152</u> | 35. <u>1</u>                   | 36. <u>1</u>            | 37. <u>00</u>                  |
| 4th  | 38. <u>7</u>          | 39. <u>5</u>   | 40. <u>9</u>               | 41. <u>04</u>               | 42. <u>02</u>   | 43. <u>1</u>    | 44. <u>7</u>   | 45. <u>152</u> | 46. <u>1</u>                   | 47. <u>1</u>            | 48. <u>00</u>                  |
| 5th  | 49. <u>  </u>         | 50. <u>  </u>  | 51. <u>  </u>              | 52. <u>  </u>               | 53. <u>  </u>   | 54. <u>  </u>   | 55. <u>  </u>  | 56. <u>  </u>  | 57. <u>  </u>                  | 58. <u>  </u>           | 59. <u>  </u>                  |
| 6th  | 60. <u>  </u>         | 61. <u>  </u>  | 62. <u>  </u>              | 63. <u>  </u>               | 64. <u>  </u>   | 65. <u>  </u>   | 66. <u>  </u>  | 67. <u>  </u>  | 68. <u>  </u>                  | 69. <u>  </u>           | 70. <u>  </u>                  |
| 7th  | 71. <u>  </u>         | 72. <u>  </u>  | 73. <u>  </u>              | 74. <u>  </u>               | 75. <u>  </u>   | 76. <u>  </u>   | 77. <u>  </u>  | 78. <u>  </u>  | 79. <u>  </u>                  | 80. <u>  </u>           | 81. <u>  </u>                  |
| 8th  | 82. <u>  </u>         | 83. <u>  </u>  | 84. <u>  </u>              | 85. <u>  </u>               | 86. <u>  </u>   | 87. <u>  </u>   | 88. <u>  </u>  | 89. <u>  </u>  | 90. <u>  </u>                  | 91. <u>  </u>           | 92. <u>  </u>                  |
| 9th  | 93. <u>  </u>         | 94. <u>  </u>  | 95. <u>  </u>              | 96. <u>  </u>               | 97. <u>  </u>   | 98. <u>  </u>   | 99. <u>  </u>  | 100. <u>  </u> | 101. <u>  </u>                 | 102. <u>  </u>          | 103. <u>  </u>                 |
| 10th | 104. <u>  </u>        | 105. <u>  </u> | 106. <u>  </u>             | 107. <u>  </u>              | 108. <u>  </u>  | 109. <u>  </u>  | 110. <u>  </u> | 111. <u>  </u> | 112. <u>  </u>                 | 113. <u>  </u>          | 114. <u>  </u>                 |



## OCCUPANT INJURY CLASSIFICATION

| Body Region  | Specific Anatomic Structure  | Level of Injury  | Aspect           |
|--|--|--|------------------|
| (1) Head   |  | Specific injuries are assigned consecutive two-digit numbers beginning with 02.  | (1) Right        |
| (2) Face   |  |  | (2) Left         |
| (3) Neck   | <u>Vessels, Nerves, Organs.</u>  |  | (3) Bilateral    |
| (4) Thorax   | <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. |  | (4) Central      |
| (5) Abdomen  |  | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (5) Anterior     |
| (6) Spine  |  |  | (6) Posterior    |
| (7) Upper Extremity  |  |  | (7) Superior     |
| (8) Lower Extremity  |  |  | (8) Inferior     |
| (9) Unspecified  | The exceptions to this rule apply to:  |  | (9) Unknown      |
|  |  |  | (0) Whole region |
| <b>Type of Anatomic Structure</b>  | <u>Whole Area</u>  |  |                  |
| (1) Whole Area   | (02) Skin - Abrasion   |  |                  |
| (2) Vessels  | (04) Skin - Contusion  |  |                  |
| (3) Nerves   | (06) Skin - Laceration   |  |                  |
| (4) Organs (includes Muscles/ligaments)  | (08) Skin - Avulsion   |  |                  |
| (5) Skeletal (includes joints)   | (10) Amputation  |  |                  |
| (6) Head - LOC   | (20) Burn  |  |                  |
| (9) Skin   | (30) Crush   |  |                  |
|  | (40) Degloving   |  |                  |
|  | (50) Injury - NFS  |  |                  |
|  | (90) Trauma, other than mechanical   |  |                  |
|  | <u>Head - LOC</u>  |  |                  |
|  | (02) Length of LOC   |  |                  |
|  | (04) Level   |  |                  |
|  | (06) of  |  |                  |
|  | (08) Consciousness   |  |                  |
|  | (10) Concussion  |  |                  |
|  | <u>Spine</u>   |  |                  |
|  | (02) Cervical  |  |                  |
|  | (04) Thoracic  |  |                  |
|  | (06) Lumbar  |  |                  |
|  |  | <b>Abbreviated Injury Scale</b>  |                  |
|  |  | (1) Minor Injury   |                  |
|  |  | (2) Moderate Injury  |                  |
|  |  | (3) Serious Injury   |                  |
|  |  | (4) Severe Injury  |                  |
|  |  | (5) Critical Injury  |                  |
|  |  | (6) Maximum (untreatable)  |                  |
|  |  | (7) Injured, unknown severity  |                  |
| <b>SOURCE OF INJURY DATA</b>   | <b>INJURY SOURCE CONFIDENCE LEVEL</b>  | <b>DIRECT/INDIRECT INJURY</b>  |                  |
| <u>OFFICIAL RECORDS</u>  |  |  |                  |
| (1) Autopsy records with or without hospital/medical records                       | (1) Certain  | (1) Direct contact injury  |                  |
| (2) Hospital/medical records other than emergency room (e.g., discharge summary)   | (2) Probable   | (2) Indirect contact injury  |                  |
| (3) Emergency room records only (including associated X-rays or other lab reports) | (3) Possible   | (3) Noncontact injury  |                  |
| (4) Private physician, walk-in or emergency clinic                                 | (9) Unknown  | (7) Injured, unknown source  |                  |
| <u>UNOFFICIAL RECORDS</u>  |  |  |                  |
| (5) Lay coroner report   |  |  |                  |
| (6) E.M.S. personnel   |  |  |                  |
| (7) Interviewee  |  |  |                  |
| (8) Other source (specify):  |  |  |                  |
| (9) Police   |  |  |                  |

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_

- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) \_\_\_\_\_
- (195) Other air bag compartment cover (specify) \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

### FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

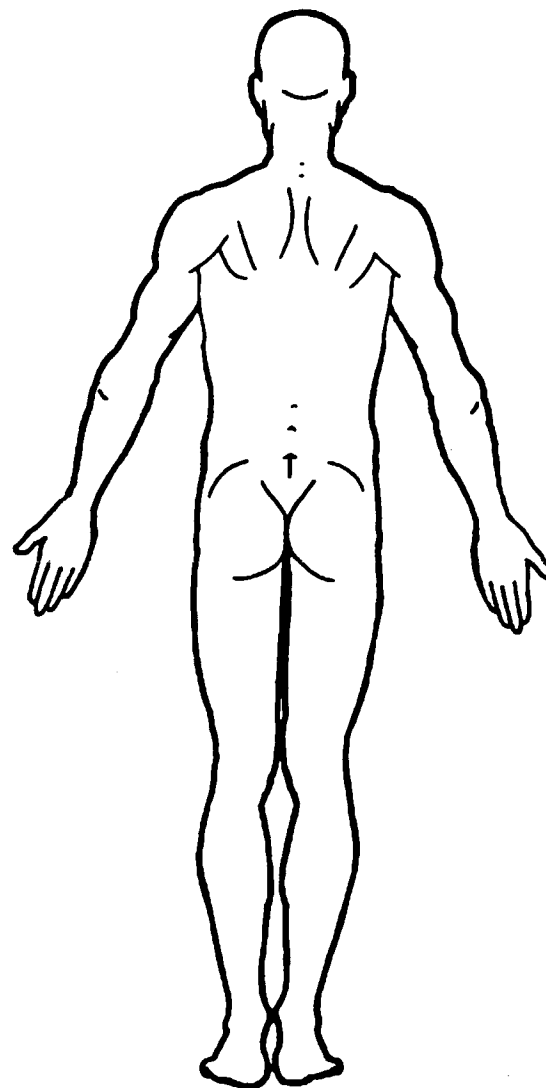
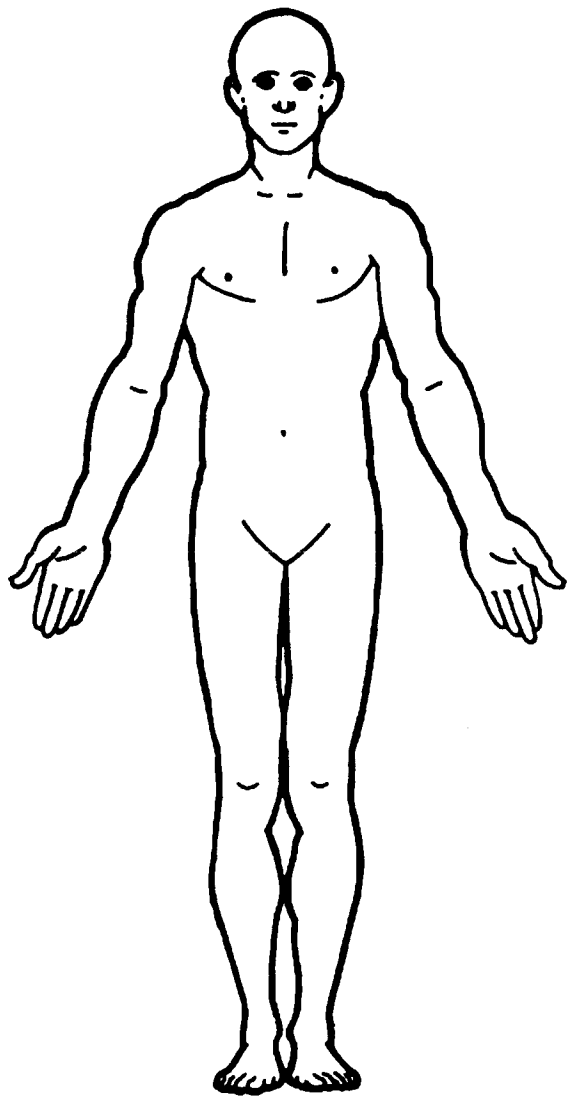
### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source



## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

\_\_\_ No

\_\_\_ Yes

Blood Alcohol  
Level (mg/dl)

BAL = \_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_

Units of Blood  
Given

Units = \_\_\_

Arterial Blood  
Gases

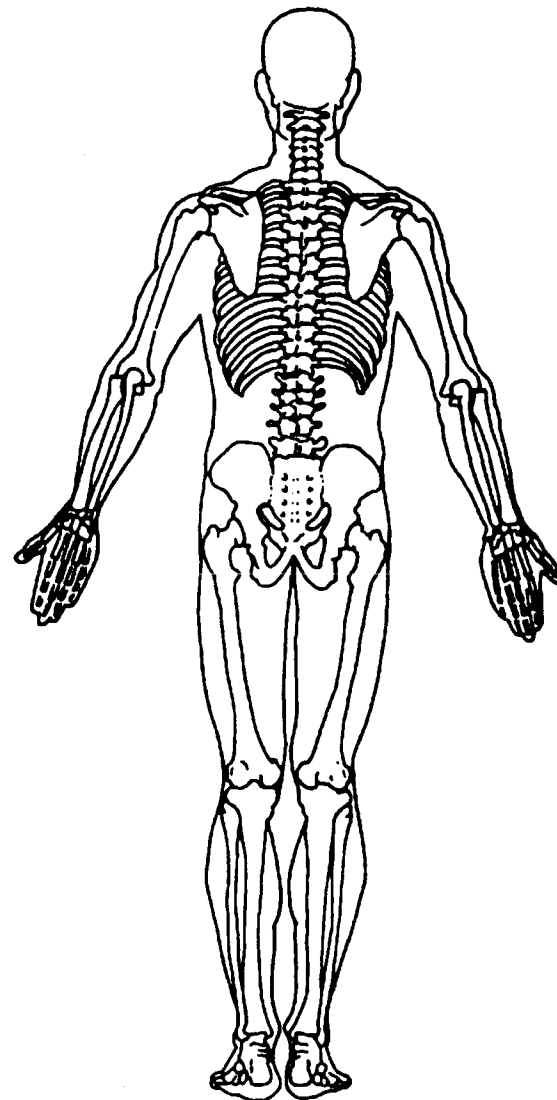
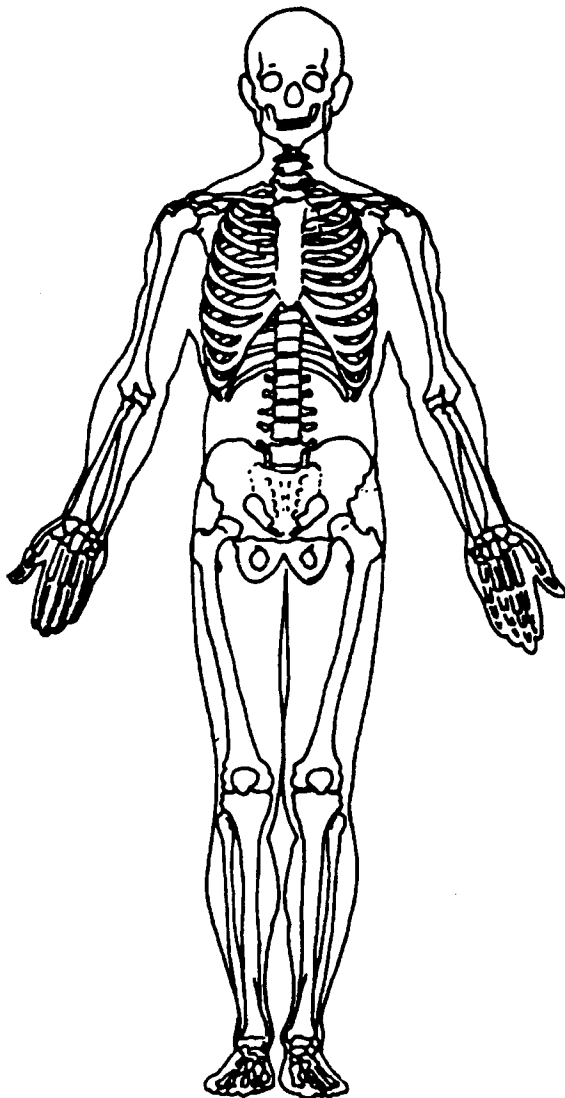
pH = \_\_\_

PO<sub>2</sub> = \_\_\_

PCO<sub>2</sub> \_\_\_

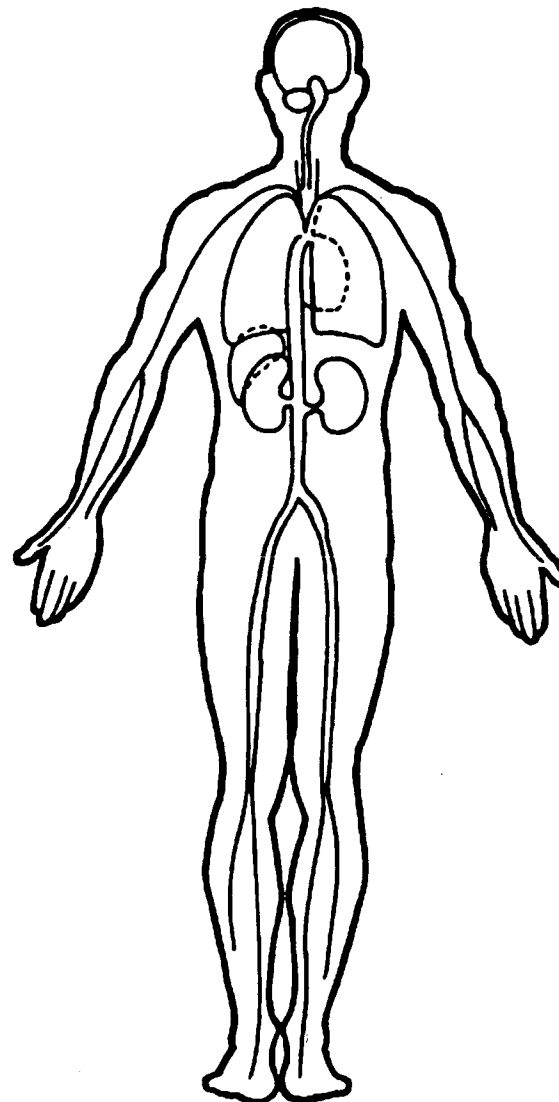
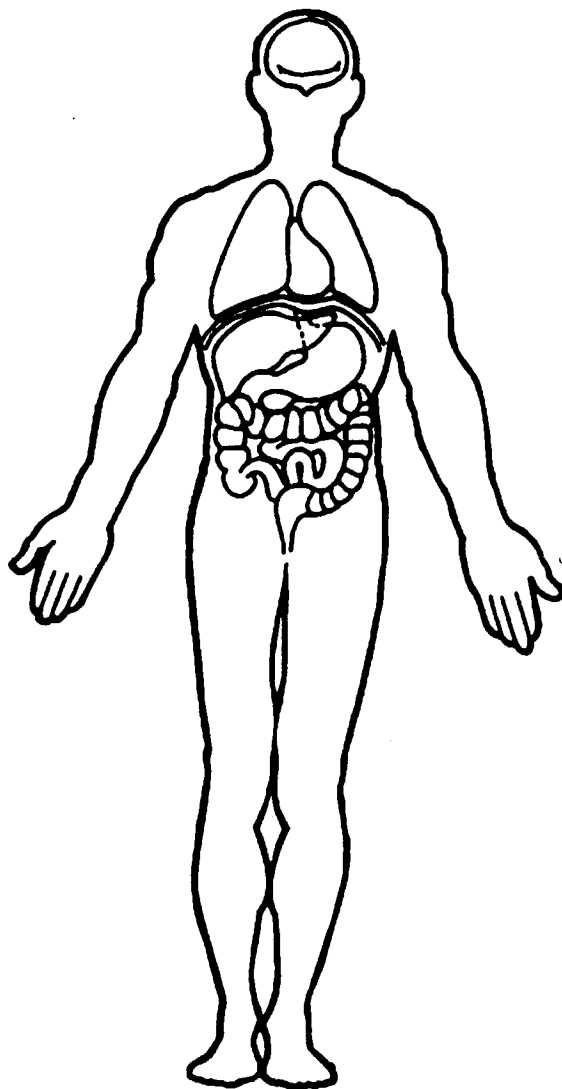
HCO<sub>3</sub> \_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



**PRECRASH ENVIRONMENTAL DATA**19. Relation To Interchange Or Junction 2

- (0) Non-interchange area and non-junction  
(1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
(3) Driveway, alley access related  
(4) Other junction (specify) \_\_\_\_\_

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)  
(1) Divided trafficway-median strip without positive barrier  
(2) Divided trafficway-median strip with positive barrier  
(3) One way traffic  
(9) Unknown

21. Number Of Travel Lanes 2

- (1) One  
(2) Two  
(3) Three  
(4) Four  
(5) Five  
(6) Six  
(7) Seven or more  
(9) Unknown

22. Roadway Alignment 1

- (1) Straight  
(2) Curve right  
(3) Curve left  
(9) Unknown

23. Roadway Profile 1

- (1) Level  
(2) Uphill grade (>2%)  
(3) Hill crest  
(4) Downhill grade (>2%)  
(5) Sag  
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete  
(2) Bituminous (asphalt)  
(3) Brick or block  
(4) Slag, gravel, or stone  
(5) Dirt  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry  
(2) Wet  
(3) Snow or slush  
(4) Ice  
(5) Sand, dirt, or oil  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

26. Light Conditions 1

- (1) Daylight  
(2) Dark  
(3) Dark, but lighted  
(4) Dawn  
(5) Dusk  
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions  
(1) Rain  
(2) Sleet/hail  
(3) Snow  
(4) Fog  
(5) Rain and fog  
(6) Sleet and fog  
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
(9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)  
(1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
(3) Yield sign  
(4) School zone sign  
(5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)  
(7) Unknown sign  
(8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

- (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device  
(1) Traffic control device not functioning (specify): \_\_\_\_\_  
(2) Traffic control device functioning properly  
(9) Unknown

## OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
(0) Driver not present  
(1) Driver present  
(9) Unknown
38. Number of Occupants This Vehicle 01  
(00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown
39. Number of Occupant Forms Submitted 01

## AIR BAG RELATED

40. Is this an AOPS Vehicle? 1  
(0) No (includes unknown)  
(1) Yes - researcher determined  
(2) VIN determined air bag system  
(3) VIN determined automatic (passive) belts  
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0  
(0) Not equipped or not available  
(1) No air bags deployed  
*Single Air Bag Vehicle*  
(2) Driver air bag deployed  
(3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
(4) Driver side only deployed  
(5) Passenger side only deployed  
(6) Driver and passenger side deployed  
(7) Driver and passenger side unknown if deployed  
(8) Air bag(s) deployed, details unknown  
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
(0) Not equipped with an "other" air bag  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, details unknown  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

## VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1129 1180  
Code weight to nearest 10 kilograms.  
(045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown

\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: \_\_\_\_\_

44. Vehicle Cargo Weight 0000  
Code weight to nearest 10 kilograms.  
(000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown

\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: \_\_\_\_\_

## ROLLOVER DATA

45. Rollover 00  
(00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
(01-16) Code the number of quarter turns  
(17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
(99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00  
(00) No rollover  
(01) Trip-over  
(02) Flip-over  
(03) Turn-over  
(04) Climb-over  
(05) Fall-over  
(06) Bounce-over  
(07) Collision with another vehicle  
(08) Other rollover initiation type specify): \_\_\_\_\_

- (98) Rollover--end-over-end  
(99) Unknown rollover initiation type

47. Location of Rollover Initiation 0  
(0) No rollover  
(1) On roadway  
(2) On shoulder--paved  
(3) On shoulder--unpaved  
(4) On roadside or divided trafficway median  
(8) Rollover--end-over-end  
(9) Unknown

48. Rollover Initiation Object Contacted 00  
(Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
(0) No rollover  
(1) Wheels/tires  
(2) Side plane  
(3) End plane  
(4) Undercarriage  
(5) Other location on vehicle (specify): \_\_\_\_\_

- (6) Non-contact rollover forces (specify): \_\_\_\_\_

- (8) Rollover--end-over-end  
(9) Unknown

50. Direction of Initial Roll 0  
(0) No rollover  
(1) Roll right - primarily about the longitudinal axis  
(2) Roll left - primarily about the longitudinal axis  
(8) Rollover--end-over-end  
(9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

| Administration                  |             |
|---------------------------------|-------------|
| 1. Primary Sampling Unit Number | <u>13</u>   |
| 2. Case Number - Stratum        | <u>149A</u> |
| 3. Vehicle Number               | <u>03</u>   |

## VEHICLE IDENTIFICATION

VIN 2MEPM36X9PB [REDACTED] Model Year 93  
Vehicle Make (specify): Mercury Vehicle Model (specify): Topaz 4dr.

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage                                  | Location of Field L | Location of Max Crush        |
|---------------------|--|---------------------|------------------------------|
| 1                   | begin 59cm (D) of (D) Front corner toward (R) Front corner | Same                | 68cm (D) of (D) Front corner |
|                     | corner   |                     |                              |

### CRUSH PROFILE IN CENTIMETERS

**NOTES:** Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Use as many lines/columns as necessary to describe each damage profile.**

[illegible]

# ORIGINAL SPECIFICATIONS WORK SHEET

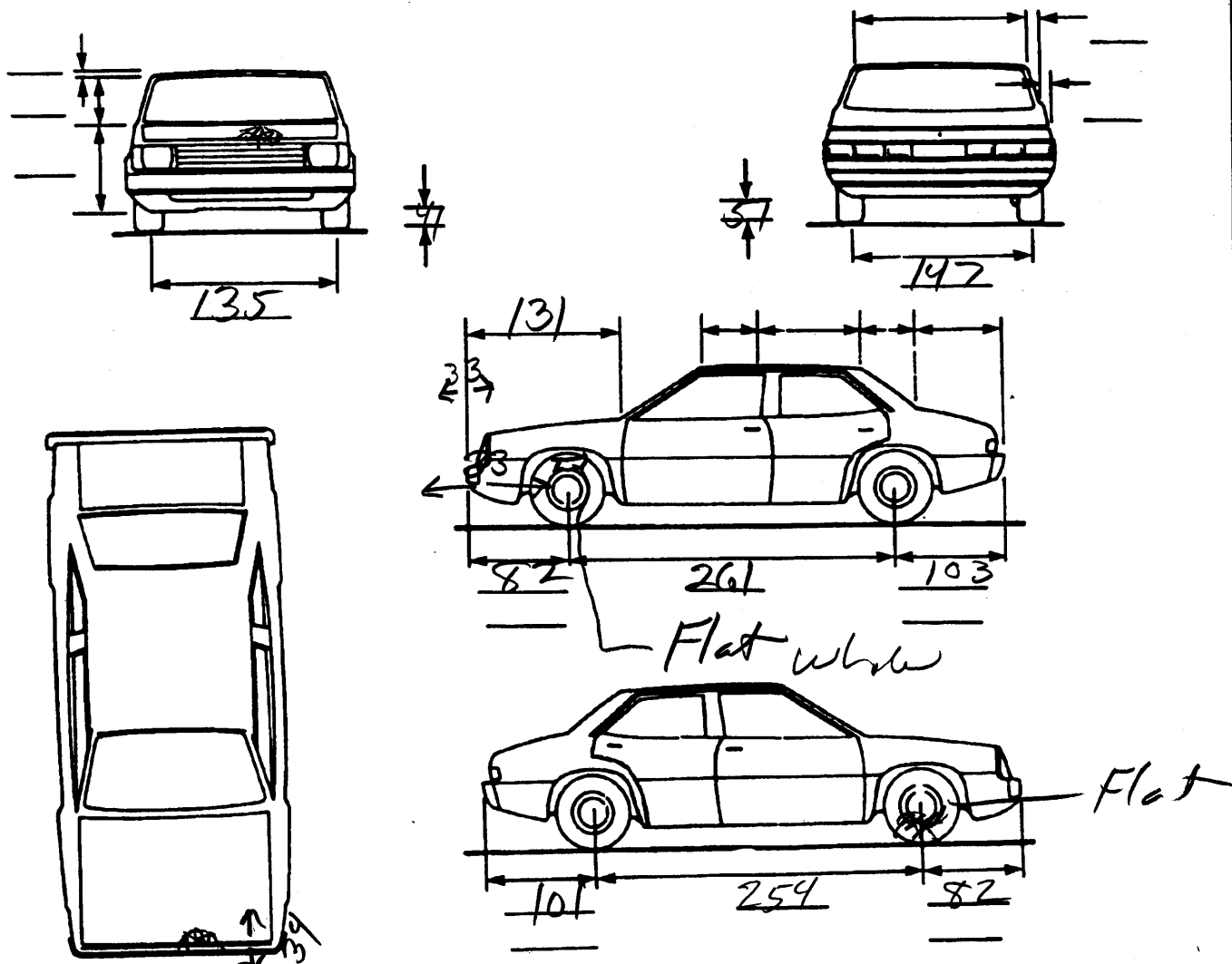
|                          |                     |         |   |                |
|--------------------------|---------------------|---------|---|----------------|
| Wheelbase                | <u>99.9</u> inches  | x 2.54  | = | <u>254</u> cm  |
| Overall Length           | <u>177.0</u> inches | x 2.54  | = | <u>450</u> cm  |
| Maximum Width            | <u>68.3</u> inches  | x 2.54  | = | <u>173</u> cm  |
| Curb Weight              | <u>2600</u> pounds  | x .4536 | = | <u>1179</u> kg |
| Average Track            | <u>56.3</u> inches  | x 2.54  | = | <u>143</u> cm  |
| Front Overhang           | <u>34.1</u> inches  | x 2.54  | = | <u>87</u> cm   |
| Rear Overhang            | <u>42.7</u> inches  | x 2.54  | = | <u>108</u> cm  |
| Undeformed End Width     | _____ inches        | x 2.54  | = | _____ cm       |
| Engine Size: cyl./displ. | _____ cc            | x .001  | = | _____ L        |
|                          | _____ CID           | x .0164 | = | _____ L        |



## VEHICLE DAMAGE SKETCH

|  |  |  |  |   |
|--|--|--|--|---|
| <b>TIRE—WHEEL DAMAGE</b><br>a. Rotation physically restricted<br>RF <u>2</u><br>LF <u>2</u><br>RR <u>2</u><br>LR <u>2</u><br>(1) Yes (2) No (8) NA (9) Unk.  |  | <b>ORIGINAL SPECIFICATIONS</b><br>Wheelbase <u>254</u> cm<br>Overall Length <u>450</u> cm<br>Maximum Width <u>173</u> cm<br>Curb Weight <u>1179</u> kg<br>Average Track <u>143</u> cm<br>Front Overhang <u>87</u> cm<br>Rear Overhang <u>108</u> cm<br>Undeformed End Width <u>161</u> cm<br>Engine Size: cyl./displ. <u>4/2.3</u> L |  | <b>WHEEL STEER ANGLES</b><br>(For locked front wheels or displaced rear axles only)<br>RF ± <u>    </u> °<br>LF ± <u>    </u> °<br>RR ± <u>    </u> °<br>LR ± <u>    </u> °<br>Within ± 5 degrees |
| <b>TYPE OF TRANSMISSION</b><br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic<br>END SHIFT ≥ 10 CM<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>DRIVE WHEELS</b><br><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD<br>Approximate Cargo Weight <u>0</u> kg   |  |   |

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

**CODES FOR OBJECT CONTACTED**

(99) Unknown event or object

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|--------------------------------|------------------|----------------------------|--------------------------|--------------------------------------|----------------------------------|---------------------------------|------------------------|
| 03                             |                  | 99                         | 9                        | 9                                    | 9                                | 9                               | 99                     |
| 4. <del>02</del>               | 5. 79            | 6. 72                      | 7. <del>7</del>          | 8. <del>8</del>                      | 9. <del>9</del>                  | 10. <del>10</del>               | 11. <del>02</del>      |

## Second Highest Delta "V"

12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. \_\_\_\_\_

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

| 20. L | 21. C <sub>1</sub> | C <sub>2</sub> | C <sub>3</sub> | C <sub>4</sub> | C <sub>5</sub> | C <sub>6</sub> | 22. ± D |
|-------|--------------------|----------------|----------------|----------------|----------------|----------------|---------|
| _____ | _____              | _____          | _____          | _____          | _____          | _____          | _____   |
| _____ | _____              | _____          | _____          | _____          | _____          | _____          | _____   |

## Second Highest Delta "V"

| 23. L | 24. C <sub>1</sub> | C <sub>2</sub> | C <sub>3</sub> | C <sub>4</sub> | C <sub>5</sub> | C <sub>6</sub> | 25. ± D |
|-------|--------------------|----------------|----------------|----------------|----------------|----------------|---------|
| _____ | _____              | _____          | _____          | _____          | _____          | _____          | _____   |
| _____ | _____              | _____          | _____          | _____          | _____          | _____          | _____   |

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.)  
\_\_\_\_\_ Code to the nearest centimeter  
(250) 250 centimeters or more  
(998) No highest severity end plane impact  
(999) Unknown

27. Direct Damage Width  
(For highest severity impact)  
\_\_\_\_\_ Code to the nearest centimeter  
(250) 250 centimeters or more  
(999) Unknown

28. Original Wheelbase  
\_\_\_\_\_ Code to the nearest centimeter  
(650) 650 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

29. Original Average Track Width  
\_\_\_\_\_ Code to the nearest centimeter  
(185) 185 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

## FUEL SYSTEM

30. Are CDCs Documented  
but Not Coded on The  
Automated File?

- (0) No  
(1) Yes

31. Researcher's Assessment of Vehicle  
Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

(Include photograph of CERTIFICATION  
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle)  
on left side plane  
(3) Aft of center of the rear wheels (rear axle)  
on right side plane  
(4) Forward of center of the rear wheels (rear  
axle) on left side plane  
(5) Forward of center of the rear wheels (rear  
axle) on right side plane  
(6) Over the center of the rear wheels (rear  
axle) on left side plane  
(7) Over the center of the rear wheels (rear  
axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle)  
centered  
(2) Aft of center of the rear wheels (rear axle)  
left side  
(3) Aft of center of the rear wheels (rear axle)  
right side  
(4) Forward of center of the rear wheels (rear  
axle) centered  
(5) Forward of center of the rear wheels (rear  
axle) left side  
(6) Forward of center of the rear wheels (rear  
axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

## FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

- (9) Unknown

43. Leakage Location of Fuel System-1 144. Leakage Location of Fuel System-2 08

(0) No fuel tank

(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): \_\_\_\_\_

(9) Unknown

45. Fuel Type-1 0146. Fuel Type-2 08*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify): \_\_\_\_\_

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank \_\_\_\_\_

Tank location \_\_\_\_\_

Filler cap location \_\_\_\_\_

Tank damage \_\_\_\_\_

Location of leakage \_\_\_\_\_

Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10 = 0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 13

2. Case Number - Stratum 149A

3. Vehicle Number 03

### INTEGRITY

4. Passenger Compartment Integrity 05

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

### Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09  $\neq$  2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

### GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

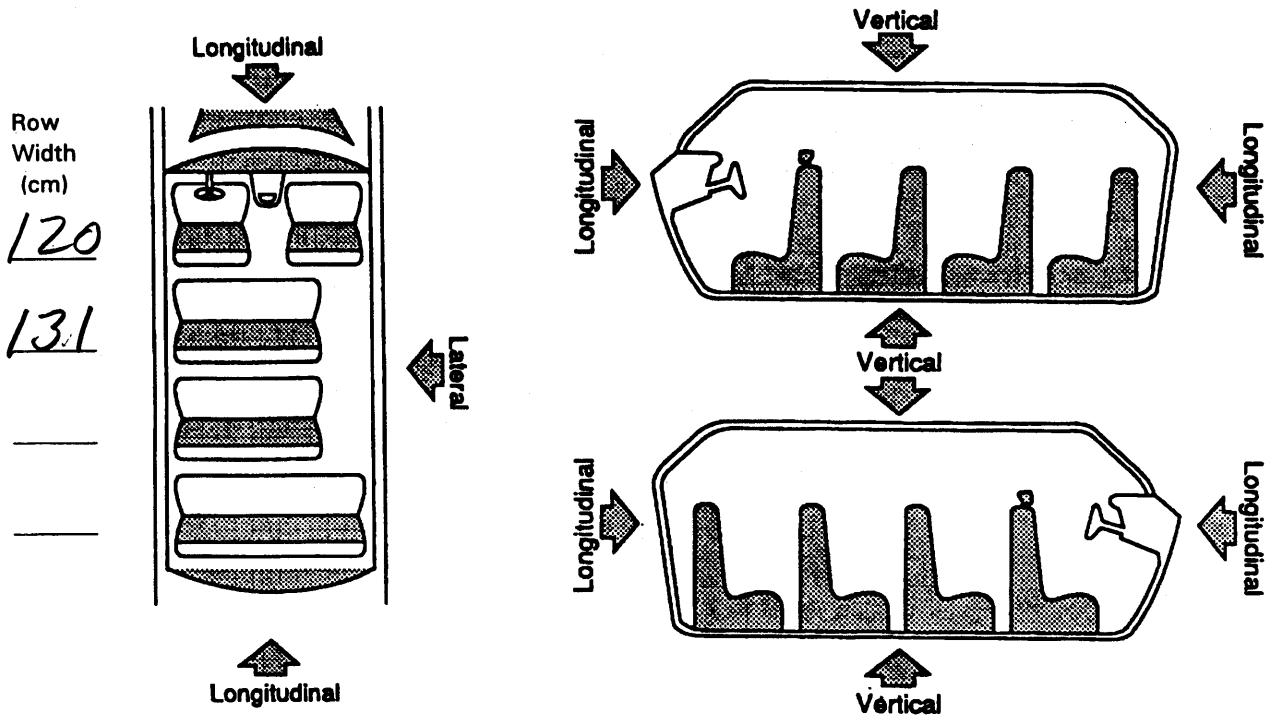
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

# INTRUSION WORKSHEET

Note: Sketch intruded areas



| LOCATION OF INTRUSION | INTRUDED COMPONENT | (All Measurements Are In Centimeters) |                |   | INTRUSION | DOMINANT CRUSH DIRECTION |
|-----------------------|--------------------|---------------------------------------|----------------|---|-----------|--------------------------|
|                       |                    | COMPARISON VALUE                      | INTRUDED VALUE | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |
|                       |                    | —                                     |                | = |           |                          |

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

|      | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|------|-----------------------|---------------------|------------------------|--------------------------|
| 1st  | 47. _____             | 48. _____           | 49. _____              | 50. _____                |
| 2nd  | 51. _____             | 52. _____           | 53. _____              | 54. _____                |
| 3rd  | 55. _____             | 56. _____           | 57. _____              | 58. _____                |
| 4th  | 59. _____             | 60. _____           | 61. _____              | 62. _____                |
| 5th  | 63. _____             | 64. _____           | 65. _____              | 66. _____                |
| 6th  | 67. _____             | 68. _____           | 69. _____              | 70. _____                |
| 7th  | 71. _____             | 72. _____           | 73. _____              | 74. _____                |
| 8th  | 75. _____             | 76. _____           | 77. _____              | 78. _____                |
| 9th  | 79. _____             | 80. _____           | 81. _____              | 82. _____                |
| 10th | 83. _____             | 84. _____           | 85. _____              | 86. _____                |

## LOCATION OF INTRUSION

## Front Seat

- (11) Left
- (12) Middle
- (13) Right

## Second Seat

- (21) Left
- (22) Middle
- (23) Right

## Third Seat

- (31) Left
- (32) Middle
- (33) Right

## Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) \_\_\_\_\_

(99) Unknown

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

## Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq$  3 centimeters but  $<$  8 centimeters
- (2)  $\geq$  8 centimeters but  $<$  15 centimeters
- (3)  $\geq$  15 centimeters but  $<$  30 centimeters
- (4)  $\geq$  30 centimeters but  $<$  46 centimeters
- (5)  $\geq$  46 centimeters but  $<$  61 centimeters
- (6)  $\geq$  61 centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown



## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

## STEERING COLUMN

## 87. Steering Column Type

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

## 88. Tilt Steering Column Adjustment

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

## 89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

## 90. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

## 91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

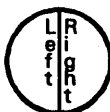
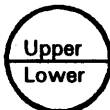
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

## INSTRUMENT PANEL

## 92. Odometer Reading

\_\_\_\_\_ kilometers  
 Code to the nearest 1,000 kilometers  
 (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown  
51,626 miles X 1.6093 = 83,082 kilometers

Source: Vehicle

## 93. Instrument Panel Damage from Occupant Contact?

- (0) No  
 (1) Yes  
 (9) Unknown

## 94. Type of Knee Bolster Covering

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## 95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

## 96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

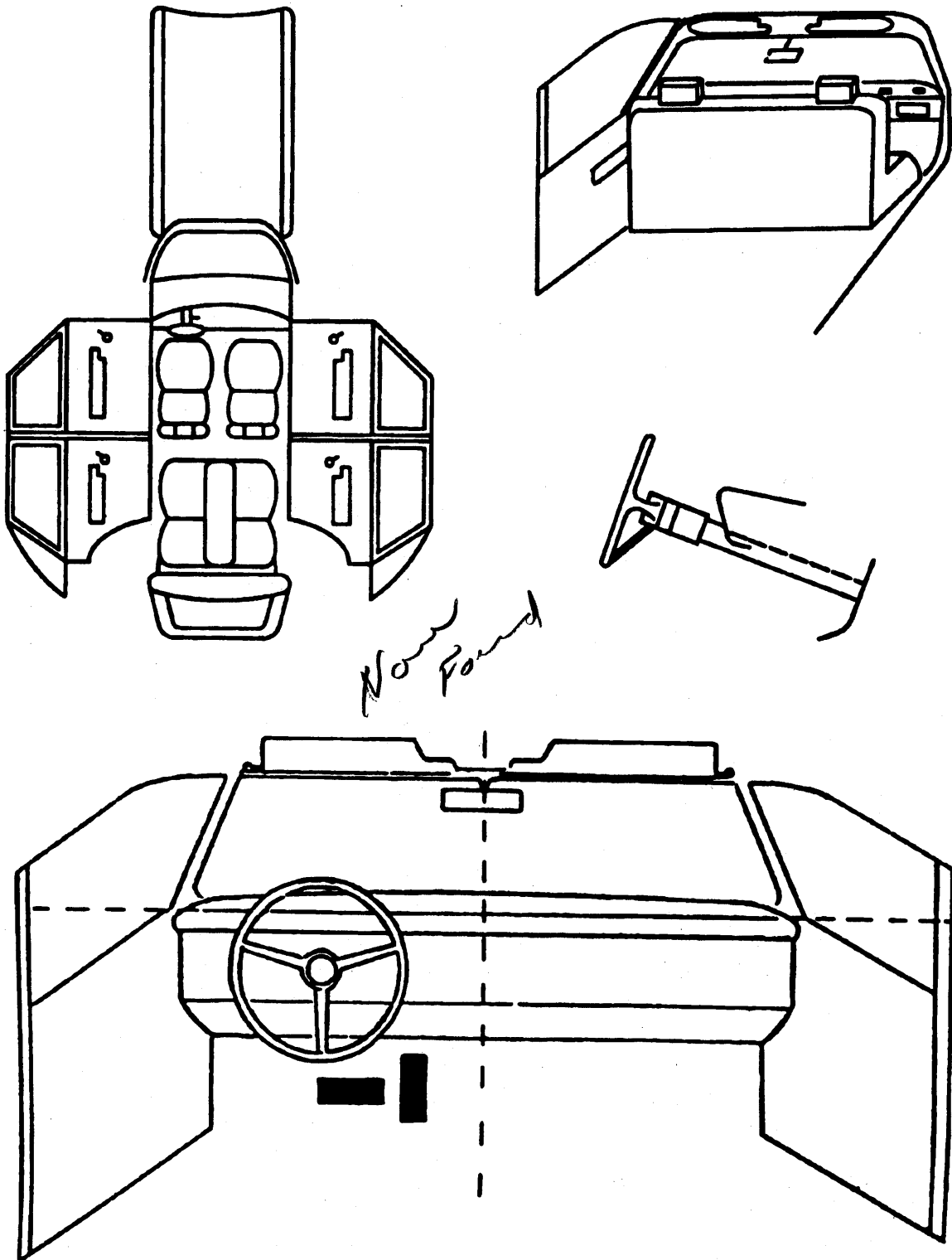
## 97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
☐ Hand controls for braking/acceleration  
☐ Steering control devices (attached to OEM steering wheel)  
☐ Steering knob attached to steering wheel  
☐ Low effort power steering (unit or device)  
☐ Replacement steering wheel (i.e., reduced diameter)  
☐ Joy-stick steering controls  
☐ Wheelchair tie-downs  
☐ Modification to seat belts (specify): \_\_\_\_\_  
☐ Additional or relocated switches (specify): \_\_\_\_\_  
☐ Raised roof  
☐ Wall-mounted head rest (used behind wheelchair)  
☐ Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).  
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A       |                              |                       |                      |                              |                                   |
| B       |                              |                       |                      |                              |                                   |
| C       |                              |                       |                      |                              |                                   |
| D       |                              |                       |                      |                              |                                   |
| E       |                              |                       |                      |                              |                                   |
| F       |                              |                       |                      |                              |                                   |
| G       |                              |                       |                      |                              |                                   |
| H       |                              |                       |                      |                              |                                   |
| I       |                              |                       |                      |                              |                                   |
| J       |                              |                       |                      |                              |                                   |
| K       |                              |                       |                      |                              |                                   |
| L       |                              |                       |                      |                              |                                   |
| M       |                              |                       |                      |                              |                                   |
| N       |                              |                       |                      |                              |                                   |

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify): \_\_\_\_\_  
 (019) Other front object (specify): \_\_\_\_\_

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify): \_\_\_\_\_  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify): \_\_\_\_\_

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify): \_\_\_\_\_  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify): \_\_\_\_\_

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify): \_\_\_\_\_  
 (155) Head restraint system  
 (160) Other occupants (specify): \_\_\_\_\_  
 (161) Interior loose objects  
 (162) Child safety seat (specify): \_\_\_\_\_  
 (163) Other interior object (specify): \_\_\_\_\_

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify): \_\_\_\_\_  
 (195) Other air bag compartment cover (specify): \_\_\_\_\_

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify): \_\_\_\_\_

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify): \_\_\_\_\_  
 (409) Additional or relocated switches, (specify): \_\_\_\_\_  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify): \_\_\_\_\_

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

|        |                      | Left | Center | Right |
|--------|----------------------|------|--------|-------|
| FIRST  | Availability         | 3    | X      | 3     |
|        | Evidence of usage    | 03   |        | 03    |
|        | Used in this crash?  | 1    |        | 0     |
|        | Proper Use           | 1    |        | 0     |
|        | Failure Modes        | 1    |        | 0     |
|        | Anchorage Adjustment | 1    |        | 1     |
| SECOND | Availability         | 4    | 3      | 4     |
|        | Evidence of usage    | 04   | 03     | 04    |
|        | Used in this crash?  | 0    | 0      | 0     |
|        | Proper Use           | 0    | 0      | 0     |
|        | Failure Modes        | 0    | 0      | 0     |
|        | Anchorage Adjustment | 1    | 0      | 1     |
| OTHER  | Availability         |      |        |       |
|        | Evidence of usage    |      |        |       |
|        | Used in this crash?  |      |        |       |
|        | Proper Use           |      |        |       |
|        | Failure Modes        |      |        |       |
|        | Anchorage Adjustment |      |        |       |

## Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

## Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

## Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

## Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

## Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

|       |                       | Left Front | Right Front | Other |
|-------|-----------------------|------------|-------------|-------|
| FIRST | Availability/Function |            |             |       |
|       | Deployment            |            |             |       |
|       | Failure               |            |             |       |

|  |  |  |
|--|--|--|
| <b>Air Bag System Availability/Function</b><br>(0) Not equipped/not available<br>(1) Air bag<br><br><i>Non-functional</i><br>(2) Air bag disconnected (specify): _____<br>(3) Air bag not reinstalled<br>(9) Unknown | <b>Frontal Air Bag System Deployment (This Occupant Position)</b><br>(0) Not equipped/not available<br>(1) Deployed during accident (as a result of impact)<br>(2) Deployed inadvertently just prior to accident<br>(3) Deployed, accident sequence undetermined<br>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)<br>(5) Unknown if deployed<br>(7) Nondeployed<br>(9) Unknown | <b>Air Bag(s) Deployment, <u>Other</u> Than First Seat Frontal (This Occupant Position)</b><br>(0) Not equipped with an " <u>other</u> " air bag<br>(1) Deployed during accident (as a result of impact)<br>(2) Deployed inadvertently just prior to accident<br>(3) Deployed, details unknown<br>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)<br>(5) Unknown if deployed<br>(7) Nondeployed<br>(9) Unknown |
|--|--|--|

|   |  |  |
|---|--|--|
| <b>Are There Indications of Air Bag System Failure? (This Occupant Position)</b><br>(0) Not equipped/not available<br>(1) No<br>(2) Yes (specify): _____<br>(9) Unknown |  |  |
|---|--|--|

**AUTOMATIC BELTS**

|       |                       | Left | Right |
|-------|-----------------------|------|-------|
| FIRST | Availability/Function | 1    | 1     |
|       | Use                   | 1    | 0     |
|       | Type                  | 2    | 2     |
|       | Proper Use            | 1    | 0     |
|       | Failure Modes         | 1    | 0     |

|   |  |  |
|---|--|--|
| <b>Automatic (Passive) Belt System Availability/Function</b><br>(0) Not equipped/not available<br>(1) 2 point automatic belts<br>(2) 3 point automatic belts<br>(3) Automatic belts - type unknown<br><br><i>Non-functional</i><br>(4) Automatic belts destroyed or rendered inoperative<br>(9) Unknown | <b>Proper Use of Automatic (Passive) Belt System</b><br>(0) Not equipped/not available/not used<br>(1) Automatic belt used properly<br>(2) Automatic belt used properly with child safety seat<br><br><i>Automatic Belt Used Improperly</i><br>(3) Automatic shoulder belt worn under arm<br>(4) Automatic shoulder belt worn behind back<br>(5) Automatic belt worn around more than one person<br>(6) Lap portion of automatic belt worn on abdomen<br>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____<br>(8) Other improper use of automatic belt system (specify): _____<br>(9) Unknown | <b>Automatic (Passive) Belt Failure Modes During Accident</b><br>(0) Not equipped/not available/not in use<br>(1) No automatic belt failure(s)<br>(2) Torn webbing (stretched webbing not included)<br>(3) Broken buckle or latchplate<br>(4) Upper anchorage separated<br>(5) Other anchorage separated (specify): _____<br>(6) Broken retractor<br>(7) Combination of above (specify): _____<br>(8) Other automatic belt failure (specify): _____<br>(9) Unknown |
|---|--|--|

|  |  |
|--|--|
| <b>Automatic (Passive) Belt System Use</b><br>(0) Not equipped/not available/destroyed or rendered inoperative<br>(1) Automatic belt in use<br>(2) Automatic belt not in use (manually disconnected, motorized track inoperative)<br>(3) Automatic belt use unknown<br>(9) Unknown | <b>Automatic (Passive) Belt System Type</b><br>(0) Not equipped/not available<br>(1) Non-motorized system<br>(2) Motorized system<br>(9) Unknown |
|--|--|

## FIRST SEAT FRONTAL AIR BAGS

**NOTES:** Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

|                                 | Driver | Passenger |
|---------------------------------|--------|-----------|
| Type of air bag?                |        |           |
| Flaps open at tear points?      |        |           |
| Flaps damaged?                  |        |           |
| Air bag damaged?                |        |           |
| Source of air bag damage        |        |           |
| Air bag tethered?               |        |           |
| Air bag have vent ports?        |        |           |
| Other occupant contact air bag? |        |           |
| Occupant wearing eyewear?       |        |           |

### Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

### Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

#### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

### Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

### Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Did The Air Bag Have Vent Ports?

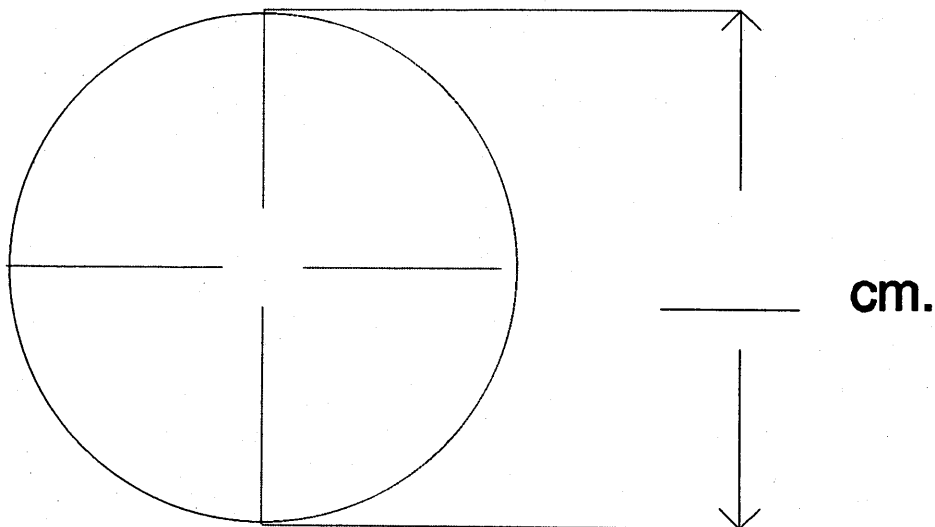
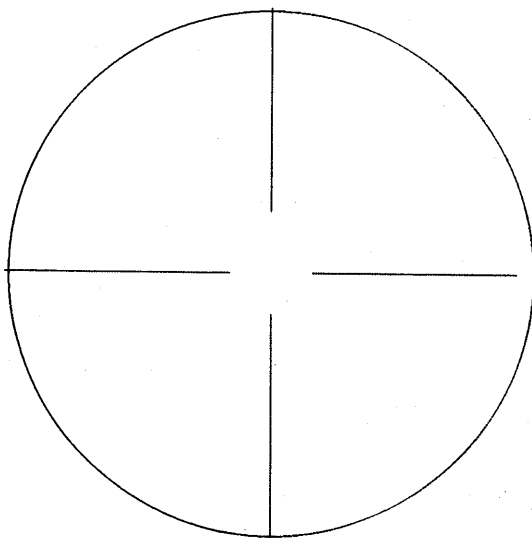
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

### Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**



## DRIVER AIR BAG SKETCHES (Cont'd)

### 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

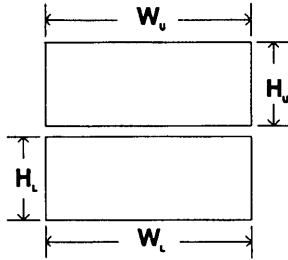
b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_U$ ) \_\_\_\_\_

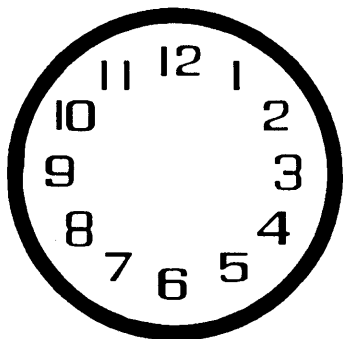
height ( $H_L$ ) \_\_\_\_\_

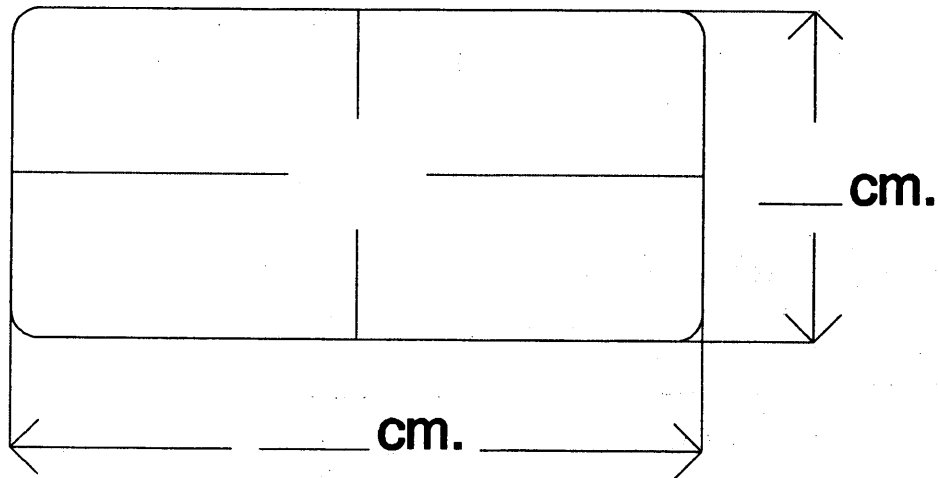
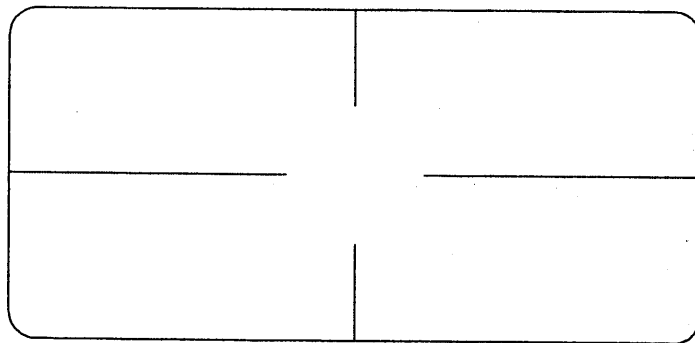


### 4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



**PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

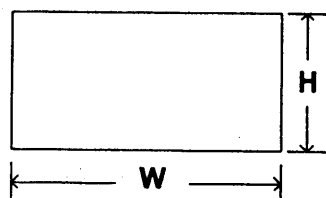
# PASSENGER AIR BAG SKETCHES (Cont'd)

## 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

### a. Flap

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



## 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

### a. Upper Flap

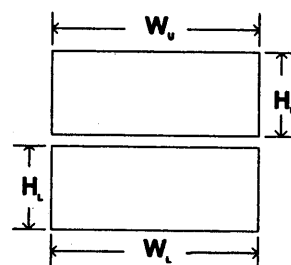
### b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_U$ ) \_\_\_\_\_

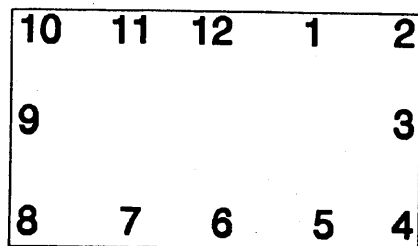
height ( $H_L$ ) \_\_\_\_\_



## 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

## 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

## 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**

**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

|               |                                   | Left          | Center        | Right         |
|---------------|-----------------------------------|---------------|---------------|---------------|
| <b>FIRST</b>  | Head Restraint Type/Damage        | 3             | <del>3</del>  | 3             |
|               | Seat Type                         | 01            | <del>01</del> | 01            |
|               | Seat Performance                  | 1             | <del>1</del>  | 1             |
|               | Seat Orientation                  | 1             | <del>1</del>  | 1             |
|               | Seat Track Position               | 2             | <del>2</del>  | 4             |
|               | Seat Back Incline Pre/Post Impact | 14            | <del>14</del> | 14            |
| <b>SECOND</b> | Head Restraint Type/Damage        | 0             | 0             | 0             |
|               | Seat Type                         | 03            | 03            | 03            |
|               | Seat Performance                  | 1             | 1             | 1             |
|               | Seat Orientation                  | 1             | 1             | 1             |
|               | Seat Track Position               | 1             | 1             | 1             |
|               | Seat Back Incline Pre/Post Impact | 01            | 01            | 01            |
| <b>THIRD</b>  | Head Restraint Type/Damage        | <del>3</del>  | <del>3</del>  | <del>3</del>  |
|               | Seat Type                         | <del>01</del> | <del>01</del> | <del>01</del> |
|               | Seat Performance                  | <del>1</del>  | <del>1</del>  | <del>1</del>  |
|               | Seat Orientation                  | <del>1</del>  | <del>1</del>  | <del>1</del>  |
|               | Seat Track Position               | <del>2</del>  | <del>2</del>  | <del>4</del>  |
|               | Seat Back Incline Pre/Post Impact | <del>14</del> | <del>14</del> | <del>14</del> |
| <b>OTHER</b>  | Head Restraint Type/Damage        | <del>3</del>  | <del>3</del>  | <del>3</del>  |
|               | Seat Type                         | <del>01</del> | <del>01</del> | <del>01</del> |
|               | Seat Performance                  | <del>1</del>  | <del>1</del>  | <del>1</del>  |
|               | Seat Orientation                  | <del>1</del>  | <del>1</del>  | <del>1</del>  |
|               | Seat Track Position               | <del>2</del>  | <del>2</del>  | <del>4</del>  |
|               | Seat Back Incline Pre/Post Impact | <del>14</del> | <del>14</del> | <del>14</del> |

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

**HEAD RESTRAINTS/SEAT EVALUATION****Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other  
Specify: \_\_\_\_\_
- (9) Unknown

**Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

**Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

*Upright prior to impact*

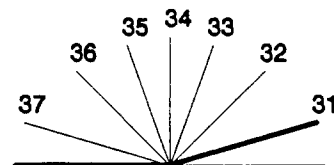
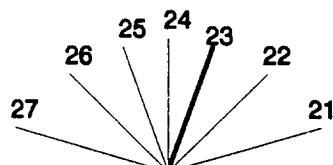
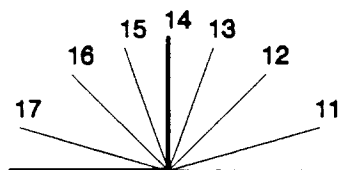
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

|                                    |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| Occupant Number                    |  |  |  |  |  |  |
| 1. Type of Child Safety Seat       |  |  |  |  |  |  |
| 2. Child Safety Seat Orientation   |  |  |  |  |  |  |
| 3. Child Safety Seat Harness Usage |  |  |  |  |  |  |
| 4. Child Safety Seat Shield Usage  |  |  |  |  |  |  |
| 5. Child Safety Seat Tether Usage  |  |  |  |  |  |  |
| 6. Child Safety Seat Make/Model    | Specify Below for Each Child Safety Seat |  |  |  |  |  |

NA

1. Type of Child Safety Seat
  - (0) No child safety seat
  - (1) Infant seat
  - (2) Toddler seat
  - (3) Convertible seat
  - (4) Booster seat
  - (7) Other type child safety seat (specify): \_\_\_\_\_
  - (8) Unknown child safety seat type
  - (9) Unknown if child safety seat used
2. Child Safety Seat Orientation
  - (00) No child safety seat
  - Designed for Rear Facing for This Age/Weight
    - (01) Rear facing
    - (02) Forward facing
    - (08) Other orientation (specify): \_\_\_\_\_
  - (09) Unknown orientation
  - Designed for Forward Facing for This Age/Weight
    - (11) Rear facing
    - (12) Forward facing
    - (18) Other orientation (specify): \_\_\_\_\_
  - (19) Unknown orientation
  - Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
    - (21) Rear facing
    - (22) Forward facing
    - (28) Other orientation (specify): \_\_\_\_\_
  - (29) Unknown orientation
  - (99) Unknown if child safety seat used
3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage
5. Child Safety Seat Tether Usage
  - Note: Options Below Are Used for Variables 3-5.
  - (00) No child safety seat
  - Not Designed with Harness/Shield/Tether
    - (01) After market harness/shield/tether added, not used
    - (02) After market harness/shield/tether used
    - (03) Child safety seat used, but no after market harness/shield/tether added
    - (09) Unknown if harness/shield/tether added or used
  - Designed With Harness/Shield/Tether
    - (11) Harness/shield/tether not used
    - (12) Harness/shield/tether used
    - (19) Unknown if harness/shield/tether used
  - Unknown If Designed With Harness/Shield/Tether
    - (21) Harness/shield/tether not used
    - (22) Harness/shield/tether used
    - (29) Unknown if harness/shield/tether used
  - (99) Unknown if child safety seat used
6. Child Safety Seat Make/Model
  - (Specify make/model and occupant number)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_



**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No [ ☒ ] Yes [ ☐ ]

Describe indications of ejection and body parts involved in partial ejection(s):

---



---



---



---

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Occupant Number                                    |  |  |  |  |  |  |
| Ejection   |  |  |  |  |  |  |
| (Note on Vehicle Interior Sketch)<br>Ejection Area |  |  |  |  |  |  |
| Ejection Medium                                    |  |  |  |  |  |  |
| Medium Status                                      |  |  |  |  |  |  |

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

**(9) Unknown****Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

**(9) Unknown****Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No [ ☐ ] Yes [ ☐ ]

Describe entrapment mechanism: \_\_\_\_\_

---



---



---



---

Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)

## OCCUPANT ASSESSMENT FORM

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 13

2. Case Number - Stratum 149A

3. Vehicle Number 03

4. Occupant Number 01

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 41

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 155

Code actual height to the nearest centimeter.

(999) Unknown

61 inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight 049

Code actual weight to the nearest kilogram.

(999)Unknown

108 pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

### OCCUPANT'S SEATING

10. Occupant's Seat Position 11

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_

(5) Integral structure

(8) Other medium (specify): \_\_\_\_\_

(9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

## 17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use 23

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 1

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [ ] Vehicle inspection  
 [ ] Official injury data  
☒ Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available  
\_\_\_\_\_  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000

- ( \_ 000) Not equipped/not available  
Code the value of the delta V for the impact that initiated the air bag deployment  
( \_ 996) Deployment, unknown longitudinal Delta V  
( \_ 997) Not deployed  
( \_ 998) Unknown if deployed  
( \_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
\_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 00

- (00) Not equipped/not available  
(01) Not damaged  
(02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle  
(06) Thermal burns  
(07) Rescue or emergency efforts  
(88) Other damage source (specify):

- (95) Damaged, unknown source  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

45. Was The Air Bag Tethered? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

46. Did The Air Bag Have Vent Ports? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if other occupant contact to air bag  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

- (0) Not equipped/not available  
(1) No  
(2) Eyeglasses/sunglasses  
(3) Contact lenses  
(4) Deployed, unknown if eyewear worn  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 01

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Box mounted seat (i.e., van type)  
(10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat  
(1) Forward facing seat  
(2) Rear facing seat  
(3) Side facing seat (inward)  
(4) Side facing seat (outward)  
(8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 2

- (0) Occupant not seated or no seat  
(1) Non-adjustable seat track

*Adjustable Seat Track*

- (2) Seat at forward most track position  
(3) Seat between forward most and middle track positions  
(4) Seat at middle track position  
(5) Seat between middle and rear most track positions  
(6) Seat at rear most track position  
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

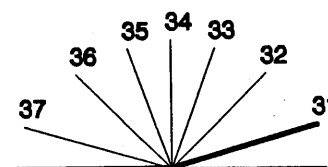
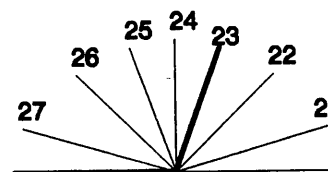
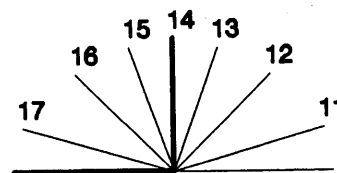
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown



## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****61. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**62. Treatment - Mortality**

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

**Nonfatal**

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

**63. Type Of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**64. Hospital Stay**

- (00) Not Hospitalized  
\_\_\_\_\_ Code the number of days (up through 60)  
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

**65. Working Days Lost**

- \_\_\_\_\_ Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00  
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 00

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 00  
(at Medical Facility)

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given  
(2) Yes - blood given  
(specify units):  
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 00

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify):  
(9) Unknown if belt used

|                 |             |
|-----------------|-------------|
| PSU NUMBER      | <u>13</u>   |
| CASE NUMBER     | <u>149A</u> |
| VEHICLE NUMBER  | <u>03</u>   |
| OCCUPANT NUMBER | <u>01</u>   |

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

☒ ENTIRE FORM

☐ PAGE NUMBER (S) \_\_\_\_\_



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

### Identifying Title

13  
Primary  
Sampling Unit

149A  
Case No.-Stratum

01  
Accident Event  
Sequence No.

01 01 95  
Date (Month, day, year) of Run

### CRASHPC Vehicle Identification

|           |             |              |                     |                  |
|-----------|-------------|--------------|---------------------|------------------|
| Vehicle 1 | <u>1992</u> | <u>Dodge</u> | <u>Coravon SE</u>   | <u>1</u>         |
| Vehicle 2 | <u>1995</u> | <u>Ford</u>  | <u>F-350 Diesel</u> | <u>2</u>         |
|           | Year        | Make         | Model               | NASS<br>Veh. No. |

## GENERAL INFORMATION

### VEHICLE 1

Size 5  
Weight 1542 + 120 + 0 = 1662 kg  
Curb Occupant(s) Cargo  
CDC 10 F D A W 9  
PDOF (-180 to +180) 0 60  
Stiffness 7

### VEHICLE 2

Size 6  
Weight 2132 + 82 + 1397 36 11 kg  
Curb Occupant(s) Cargo  
CDC 01 R D E W 3  
PDOF (-180 to +180) 0 40  
Stiffness 6

## SCENE INFORMATION

Rest and Impact Positions ☒ No, Go To Damage Information ☐ Yes

### VEHICLE 1

Rest Position X        m  
Y        m  
PSI         
Impact Position X        m  
Y        m  
PSI         
Slip Angle(-180 to +180)       

### VEHICLE 2

Rest Position X        m  
Y        m  
PSI         
Impact Position X        m  
Y        m  
PSI         
Slip Angle (-180 to +180)       

## VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

### VEHICLE 1

Vehicle Rotation ☐ No ☐ Yes  
Rotation Stop Before Rest ☐ No ☐ Yes  
End of Rotation Position X        m  
Y        m  
PSI         
Curved Path ☐ No ☐ Yes  
Point on Path X        m Y        m  
Rotation Direction ☐ None ☐ CW ☐ CCW  
Rotation >360° ☐ No ☐ Yes

### VEHICLE 2

Vehicle Rotation ☐ No ☐ Yes  
Rotation Stop Before Rest ☐ No ☐ Yes  
End of Rotation Position X        m  
Y        m  
PSI         
Curved Path ☐ No ☐ Yes  
Point on Path X        m Y        m  
Rotation Direction ☐ None ☐ CW ☐ CCW  
Rotation >360° ☐ No ☐ Yes

**FRICITION INFORMATION**

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_

## Vehicle 1 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LR \_\_\_\_\_ RR \_\_\_\_\_

## Vehicle 2 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LR \_\_\_\_\_ RR \_\_\_\_\_

**TRAJECTORY INFORMATION**

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

## Vehicle 1 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °

LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

## Vehicle 2 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °

LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

Terrain Boundary [ ] No [ ] Yes

## First Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

## Second Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Secondary Coefficient of Friction \_\_\_\_\_

**DAMAGE INFORMATION**

## VEHICLE 1

Damage Length L 173 cmCrush Depths C<sub>1</sub> 49 cmC<sub>2</sub> 39 cmC<sub>3</sub> 24 cmC<sub>4</sub> 37 cmC<sub>5</sub> 53 cmC<sub>6</sub> 53 cmDamage Offset D 0 cm

## VEHICLE 2

Damage Length L 390 cmCrush Depths C<sub>1</sub> 0 cmC<sub>2</sub> 0 cmC<sub>3</sub> 38 cmC<sub>4</sub> 42 cmC<sub>5</sub> 15 cmC<sub>6</sub> 27 cmDamage Offset D 5 cm**IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.**

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

|   |                                 |  |   |
|---|---------------------------------|--|---|
| Identifying Title<br><u>13</u><br>Primary Sampling Unit | <u>149A</u><br>Case No.-Stratum | <u>01</u><br>Accident Event Sequence No. | <u>95</u><br>Date (Month, day, year) of Run |
|---|---------------------------------|--|---|

### CRASHPC Vehicle Identification

|           |             |              |                   |               |
|-----------|-------------|--------------|-------------------|---------------|
| Vehicle 1 | <u>1992</u> | <u>Dodge</u> | <u>Caravan SE</u> | <u>1</u>      |
| Vehicle 2 |             |              |                   |               |
|           | Year        | Make         | Model             | NASS Veh. No. |

### GENERAL INFORMATION

| VEHICLE 1  |                      | VEHICLE 2                        |                 |
|--|----------------------|----------------------------------|-----------------|
| Size   | <u>5</u>             | Size                             | <u>11</u>       |
| Weight   |                      | Weight                           |                 |
| <u>1547</u> + <u>120</u> + <u>0</u> = <u>1667</u> kg |                      | _____ + _____ + _____ = _____ kg |                 |
| Curb Occupant(s) Cargo                               |                      | Curb Occupant(s) Cargo           |                 |
| CDC  | <u>10FDAW9</u>       | CDC                              |                 |
| PDOF (-180 to +180)                                  | <u>0</u> <u>60</u> ° | PDOF (-180 to +180)              | <u>+</u> _____° |
| Stiffness  | <u>7</u>             | Stiffness                        |                 |

### SCENE INFORMATION

Rest and Impact Positions ☒ No, Go To Damage Information ☐ Yes

| VEHICLE 1                |                                      | VEHICLE 2                 |                                      |
|--------------------------|--------------------------------------|---------------------------|--------------------------------------|
| Rest Position            | X _____ m<br>Y _____ m<br>PSI _____° | Rest Position             | X _____ m<br>Y _____ m<br>PSI _____° |
| Impact Position          | X _____ m<br>Y _____ m<br>PSI _____° | Impact Position           | X _____ m<br>Y _____ m<br>PSI _____° |
| Slip Angle(-180 to +180) | _____°                               | Slip Angle (-180 to +180) | _____°                               |

### VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

| VEHICLE 1                 |  | VEHICLE 2                 |  |
|---------------------------|--|---------------------------|--|
| Vehicle Rotation          | <input type="checkbox"/> No <input type="checkbox"/> Yes                               | Vehicle Rotation          | <input type="checkbox"/> No <input type="checkbox"/> Yes                               |
| Rotation Stop Before Rest | <input type="checkbox"/> No <input type="checkbox"/> Yes                               | Rotation Stop Before Rest | <input type="checkbox"/> No <input type="checkbox"/> Yes                               |
| End of Rotation Position  | X _____ m<br>Y _____ m<br>PSI _____°   | End of Rotation Position  | X _____ m<br>Y _____ m<br>PSI _____°   |
| Curved Path               | <input type="checkbox"/> No <input type="checkbox"/> Yes                               | Curved Path               | <input type="checkbox"/> No <input type="checkbox"/> Yes                               |
| Point on Path             | X _____ m Y _____ m  | Point on Path             | X _____ m Y _____ m  |
| Rotation Direction        | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW | Rotation Direction        | <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW |
| Rotation >360°            | <input type="checkbox"/> No <input type="checkbox"/> Yes                               | Rotation >360°            | <input type="checkbox"/> No <input type="checkbox"/> Yes                               |

**FRICTION INFORMATION**

Coefficient of Friction \_\_\_\_\_  
 Rolling Resistance Option \_\_\_\_\_

## Vehicle 1 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_  
 LR \_\_\_\_\_ RR \_\_\_\_\_

## Vehicle 2 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_  
 LR \_\_\_\_\_ RR \_\_\_\_\_

**TRAJECTORY INFORMATION**

Trajectory Data [ ] No [ ] Yes

*If No, Go To Damage Information*

## Vehicle 1 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °  
 LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

## Vehicle 2 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °  
 LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

Terrain Boundary [ ] No [ ] Yes

## First Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

## Second Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Secondary Coefficient of Friction \_\_\_\_\_

**DAMAGE INFORMATION**

## VEHICLE 1

Damage Length L 173 cm

Crush Depths  
 C<sub>1</sub> 47 cm  
 C<sub>2</sub> 39 cm  
 C<sub>3</sub> 27 cm  
 C<sub>4</sub> 37 cm  
 C<sub>5</sub> 53 cm  
 C<sub>6</sub> 53 cm

Damage Offset D <sup>+</sup> 0 cm

## VEHICLE 2

Damage Length L \_\_\_\_\_ cm

Crush Depths  
 C<sub>1</sub> \_\_\_\_\_ cm  
 C<sub>2</sub> \_\_\_\_\_ cm  
 C<sub>3</sub> \_\_\_\_\_ cm  
 C<sub>4</sub> \_\_\_\_\_ cm  
 C<sub>5</sub> \_\_\_\_\_ cm  
 C<sub>6</sub> \_\_\_\_\_ cm

Damage Offset D <sup>+</sup> \_\_\_\_\_ cm

**IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.**

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information  
 for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.





U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Identifying Title

13  
Primary  
Sampling Unit

149A  
Case No.-Stratum

01  
Accident Event  
Sequence No.

[REDACTED] [REDACTED] 95  
Date (Month, day, year) of Run

### CRASHPC Vehicle Identification

Vehicle 1

Vehicle 2

1995  
Year

Ford  
Make

F-350 Diesel  
Model

2  
NASS  
Veh. No.

### GENERAL INFORMATION

#### VEHICLE 1

Size

11

Weight

     +      +      =      kg  
Curb Occupant(s) Cargo

CDC

PDOF (-180 to +180)      °

Stiffness

#### VEHICLE 2

Size

6

Weight

2132 + 82 + 1397 = 3611 kg  
Curb Occupant(s) Cargo

CDC

PDOF (-180 to +180) 01 R D F W 3 °

Stiffness

### SCENE INFORMATION

Rest and Impact Positions ☒ No, Go To Damage Information ☐ Yes

#### VEHICLE 1

Rest Position X      m  
Y      m  
PSI      °

Impact Position X      m  
Y      m  
PSI      °

Slip Angle(-180 to +180)      °

#### VEHICLE 2

Rest Position X      m  
Y      m  
PSI      °

Impact Position X      m  
Y      m  
PSI      °

Slip Angle (-180 to +180)      °

### VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

#### VEHICLE 1

Vehicle Rotation ☐ No ☐ Yes

Rotation Stop Before Rest ☐ No ☐ Yes

End of Rotation Position X      m  
Y      m  
PSI      °

Curved Path ☐ No ☐ Yes

Point on Path X      m Y      m

Rotation Direction ☐ None ☐ CW ☐ CCW

Rotation >360° ☐ No ☐ Yes

#### VEHICLE 2

Vehicle Rotation ☐ No ☐ Yes

Rotation Stop Before Rest ☐ No ☐ Yes

End of Rotation Position X      m  
Y      m  
PSI      °

Curved Path ☐ No ☐ Yes

Point on Path X      m Y      m

Rotation Direction ☐ None ☐ CW ☐ CCW

Rotation >360° ☐ No ☐ Yes

**FRICTION INFORMATION**

Coefficient of Friction \_\_\_\_\_  
 Rolling Resistance Option \_\_\_\_\_

## Vehicle 1 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_  
 LR \_\_\_\_\_ RR \_\_\_\_\_

## Vehicle 2 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_  
 LR \_\_\_\_\_ RR \_\_\_\_\_

**TRAJECTORY INFORMATION**

Trajectory Data [ ] No [ ] Yes

*If No, Go To Damage Information*

## Vehicle 1 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °  
 LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

## Vehicle 2 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °  
 LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

Terrain Boundary [ ] No [ ] Yes

## First Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

## Second Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Secondary Coefficient of Friction \_\_\_\_\_

**DAMAGE INFORMATION**

## VEHICLE 1

Damage Length L \_\_\_\_\_ cm

Crush Depths C<sub>1</sub> \_\_\_\_\_ cm  
 C<sub>2</sub> \_\_\_\_\_ cm  
 C<sub>3</sub> \_\_\_\_\_ cm  
 C<sub>4</sub> \_\_\_\_\_ cm  
 C<sub>5</sub> \_\_\_\_\_ cm  
 C<sub>6</sub> \_\_\_\_\_ cm

Damage Offset D <sup>+</sup> \_\_\_\_\_ cm

## VEHICLE 2

Damage Length L 390 cm

Crush Depths C<sub>1</sub> 0 cm  
 C<sub>2</sub> 0 cm  
 C<sub>3</sub> 38 cm  
 C<sub>4</sub> 42 cm  
 C<sub>5</sub> 15 cm  
 C<sub>6</sub> 27 cm

Damage Offset D <sup>+</sup> 5 cm**IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.**

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information  
 for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

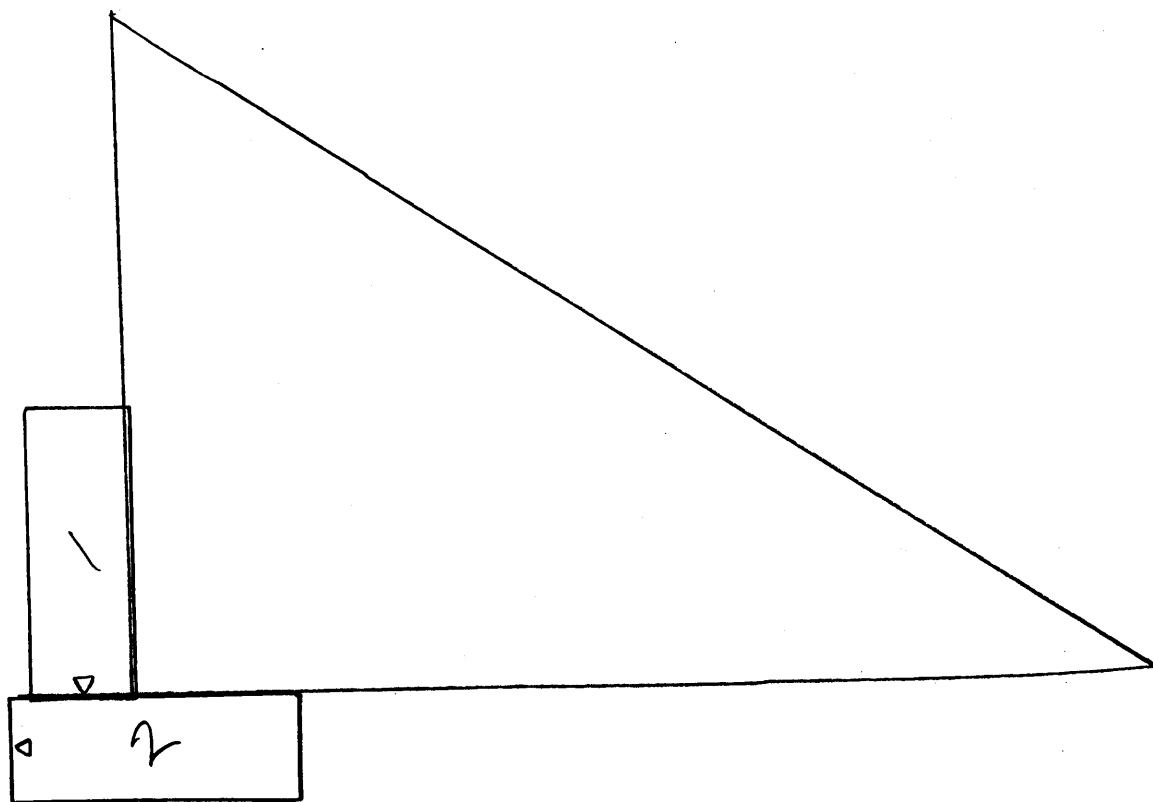
13 - 149A

100'clock

$$V-1 \quad 1667 \times 50 = 83350 \div 20000 = 4.2$$

$$V-2 \quad 3611 \times 50 = 180550 \div 20000 = 9.0$$

100'clock



INPUT      CALCULATE      TRAJECTORY      OUTPUT      GRAPHICS      EXIT

TITLE

CRASH3 RECONSTRUCTION

GENERAL INFORMATION

VEHICLE #1

SIZE                      5  
WEIGHT                  1667.  
CDC                    10FDAW9  
PDOF                  -60.00  
STIFFNESS                7  
CANCEL                ACCEPT

VEHICLE #2

SIZE                      6  
WEIGHT                  3611.  
CDC                    01RDEW3  
PDOF                  40.00  
STIFFNESS                6  
CANCEL                ACCEPT

METRIC INPUT

INPUT      CALCULATE      TRAJECTORY      OUTPUT      GRAPHICS      EXIT

DAMAGE INFORMATION

VEHICLE #1

DAMAGE LENGTH          173.0  
CRUSH DEPTHS  
    C1            49.00  
    C2            39.00  
    C3            24.00  
    C4            37.00  
    C5            53.00  
    C6            53.00  
DAMAGE OFFSET          .000  
CANCEL                ACCEPT

VEHICLE #2

DAMAGE LENGTH          390.0  
CRUSH DEPTHS  
    C1            .000  
    C2            .000  
    C3            38.00  
    C4            42.00  
    C5            15.00  
    C6            27.00  
DAMAGE OFFSET          5.000  
CANCEL                ACCEPT

INPUT

CALCULATE

TRAJECTORY OUTPUT

GRAPHICS

EXIT

SUMMARY OF CRASHPC RESULTS USING DAMAGE

## CRASH3 RECONSTRUCTION

SPEED CHANGE  
(DAMAGE)

## VEHICLE #1

|   |                    |
|---|--------------------|
| TOTAL   | 50 KPH ( 31 MPH)   |
| LONGITUDINAL                                      | -25 KPH ( -16 MPH) |
| LATITUDINAL                                       | 44 KPH ( 27 MPH)   |
| PDOF ANGLE  | -60 DEGREES        |
| ENERGY DISSIPATED = 366824 JOULES ( 270519 FT-LB) |                    |

## VEHICLE #2

|   |                    |
|---|--------------------|
| TOTAL   | 23 KPH ( 14 MPH)   |
| LONGITUDINAL                                      | -18 KPH ( -11 MPH) |
| LATITUDINAL                                       | -15 KPH ( -9 MPH)  |
| PDOF ANGLE  | 40 DEGREES         |
| ENERGY DISSIPATED = 150157 JOULES ( 110735 FT-LB) |                    |

PRESS ANY KEY TO CONTINUE

INPUT

CALCULATE

TRAJECTORY OUTPUT

GRAPHICS

EXIT

# DAMAGE DATA

|                    | VEHICLE #1           | VEHICLE #2           |
|--------------------|----------------------|----------------------|
| SIZE CATEGORY      | 5                    | 6                    |
| STIFFNESS CATEGORY | 7                    | 6                    |
| VEHICLE WEIGHT     | 1667 KGS ( 3675 LBS) | 3611 KGS ( 7961 LBS) |
| CDC                | 10FDAW9              | 01RDEW3              |
| PDOF ANGLE         | -60 DEGREES          | 40 DEGREES           |
| CRUSH LENGTH       | 173 CM. ( 68 IN.)    | 390 CM. ( 154 IN.)   |
| C1                 | 49 CM. ( 19 IN.)     | 0 CM. ( 0 IN.)       |
| C2                 | 39 CM. ( 15 IN.)     | 0 CM. ( 0 IN.)       |
| C3                 | 24 CM. ( 9 IN.)      | 38 CM. ( 15 IN.)     |
| C4                 | 37 CM. ( 15 IN.)     | 42 CM. ( 17 IN.)     |
| C5                 | 53 CM. ( 21 IN.)     | 15 CM. ( 6 IN.)      |
| C6                 | 53 CM. ( 21 IN.)     | 27 CM. ( 11 IN.)     |
| D                  | 0 CM. ( 0 IN.)       | 5 CM. ( 2 IN.)       |
| D'                 | 5 CM. ( 2 IN.)       | 44 CM. ( 17 IN.)     |

(\* INDICATES DEFAULT VALUE)  
PRESS ANY KEY TO CONTINUE

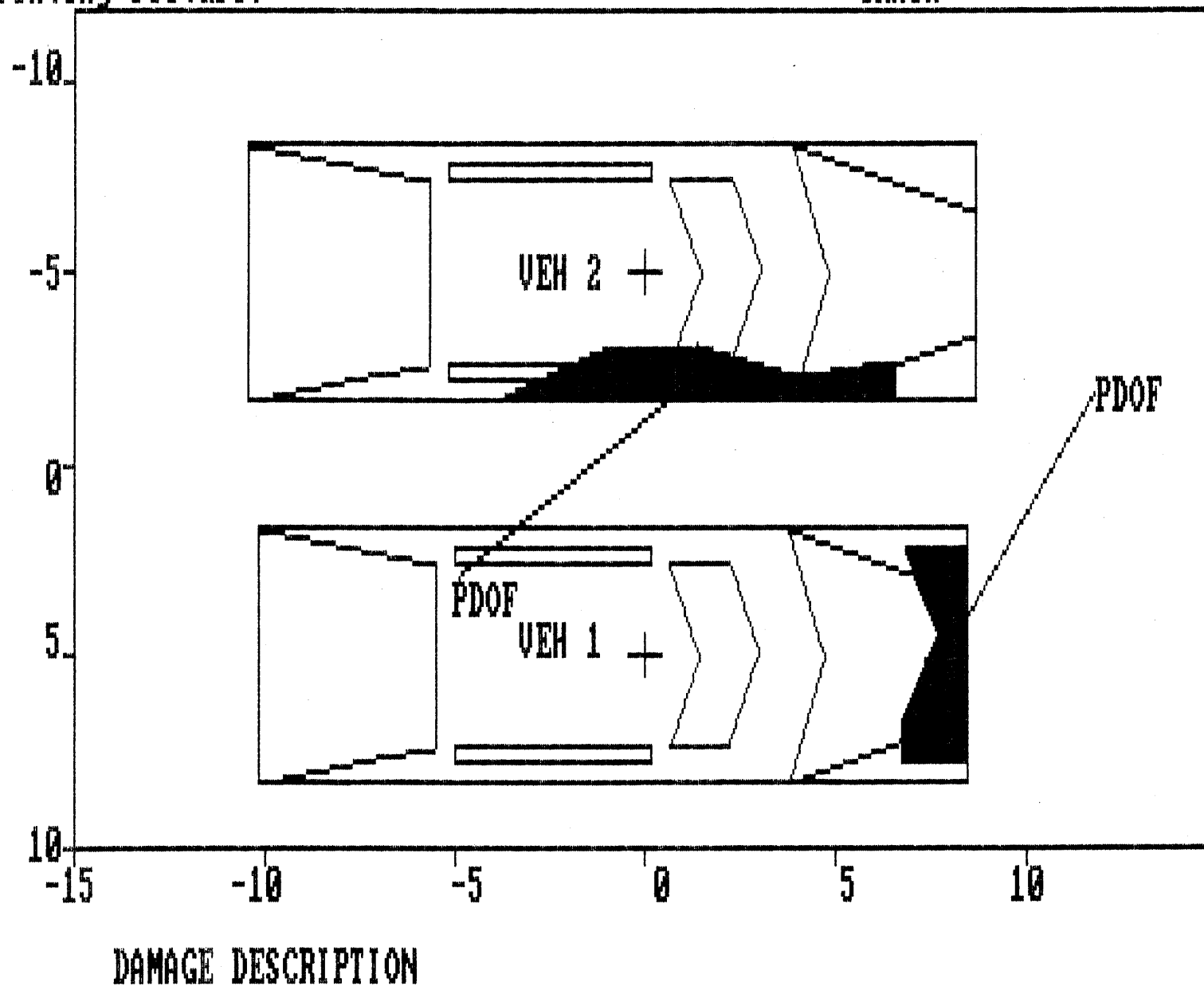
|       |           |            |        |          |      |
|-------|-----------|------------|--------|----------|------|
| INPUT | CALCULATE | TRAJECTORY | OUTPUT | GRAPHICS | EXIT |
|-------|-----------|------------|--------|----------|------|

## DIMENSIONS AND INERTIAL PROPERTIES

|                    | VEHICLE #1             | VEHICLE #2             |
|--------------------|------------------------|------------------------|
| CG TO FRONT AXLE   | 142 CM. ( 56 IN.)      | 153 CM. ( 60 IN.)      |
| CG TO REAR AXLE    | 160 CM. ( 63 IN.)      | 165 CM. ( 65 IN.)      |
| TRACK              | 162 CM. ( 64 IN.)      | 162 CM. ( 64 IN.)      |
| CG TO FRONT OF VEH | 259 CM. ( 102 IN.)     | 265 CM. ( 104 IN.)     |
| CG TO REAR OF VEH  | -310 CM. (-122 IN.)    | -318 CM. (-125 IN.)    |
| CG TO SIDE OF VEH  | 101 CM. ( 40 IN.)      | 101 CM. ( 40 IN.)      |
| MOMENT OF INERTIA  | 17511 KGS ( 38604 LBS) | 39706 KGS ( 87535 LBS) |
| VEHICLE MASS       | 4 KGS ( 10 LBS)        | 9 KGS ( 21 LBS)        |

Printing Picture:

CRASH



PRESS ANY KEY TO CONTINUE

Printing Picture:

CRASH

-6

0

6

12

-15

-8

-2

4

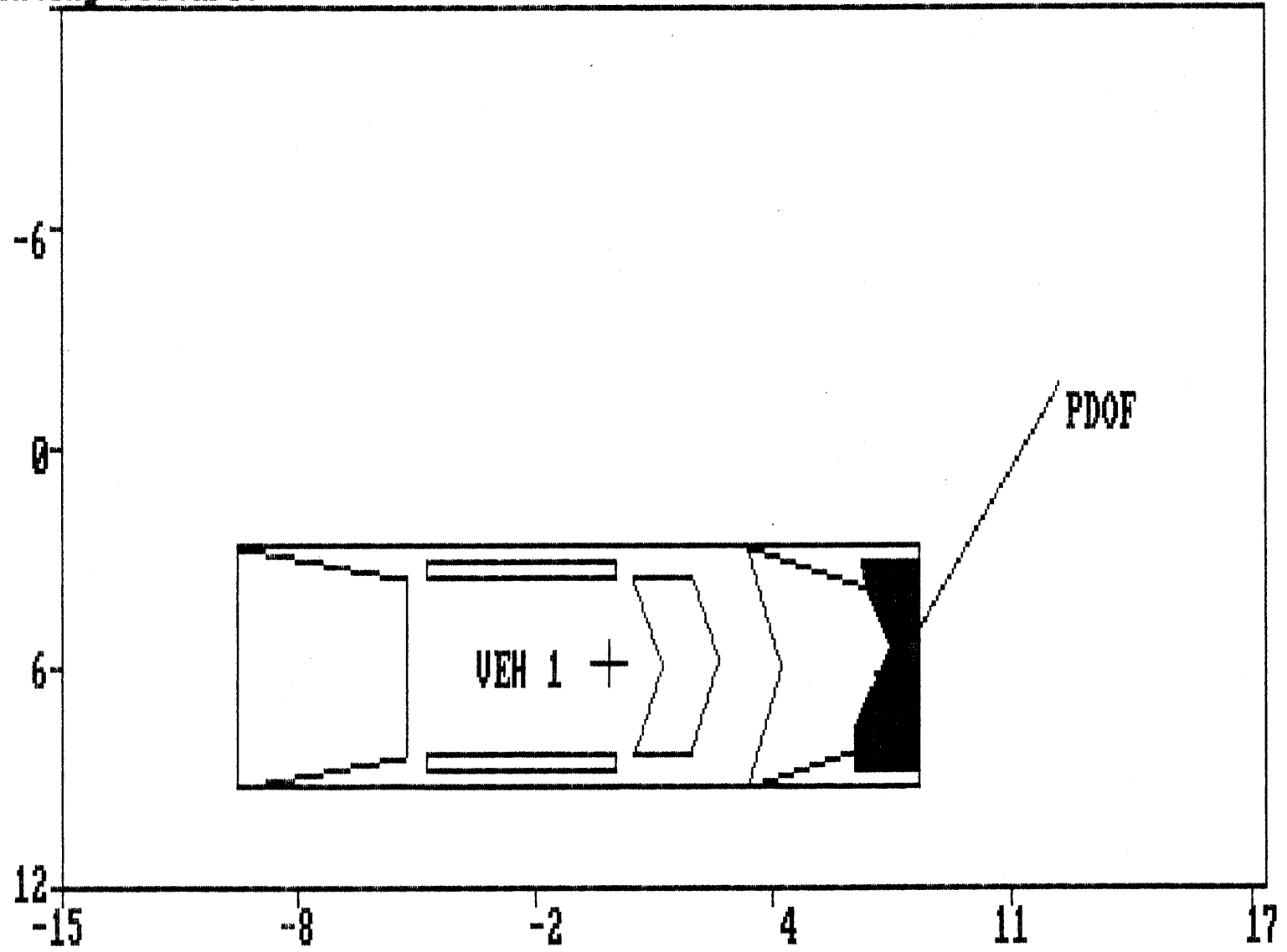
11

17

PDOF

VEH 1 +

DAMAGE DESCRIPTION





INPUT      CALCULATE      TRAJECTORY      OUTPUT      GRAPHICS      EXIT

TITLE

CRASH3 RECONSTRUCTION

GENERAL INFORMATION

VEHICLE #1

SIZE                      11  
WEIGHT            1000000.  
CDC  
PDOF  
STIFFNESS  
CANCEL            ACCEPT

VEHICLE #2

SIZE                      6  
WEIGHT            3611.  
CDC                      01RDEW3  
PDOF                      40.00  
STIFFNESS                      6  
CANCEL            ACCEPT

METRIC INPUT

INPUT      CALCULATE      TRAJECTORY      OUTPUT      GRAPHICS      EXIT

DAMAGE INFORMATION

VEHICLE #2

DAMAGE LENGTH            390.0  
CRUSH DEPTHS  
    C1                      .000  
    C2                      .000  
    C3                      38.00  
    C4                      42.00  
    C5                      15.00  
    C6                      27.00  
DAMAGE OFFSET            5.000  
CANCEL            ACCEPT

METRIC INPUT

INPUT      CALCULATE      TRAJECTORY      OUTPUT      GRAPHICS      EXIT

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

SPEED CHANGE  
(DAMAGE)

VEHICLE #1

|                     |                     |
|---------------------|---------------------|
| TOTAL               | 0 KPH ( 0 MPH)      |
| LONGITUDINAL        | 0 KPH ( 0 MPH)      |
| LATITUDINAL         | 0 KPH ( 0 MPH)      |
| PDOF ANGLE          | 0 DEGREES           |
| ENERGY DISSIPATED = | 0 JOULES ( 0 FT-LB) |

VEHICLE #2

|                     |                               |
|---------------------|-------------------------------|
| TOTAL               | 32 KPH ( 20 MPH)              |
| LONGITUDINAL        | -24 KPH ( -15 MPH)            |
| LATITUDINAL         | -21 KPH ( -13 MPH)            |
| PDOF ANGLE          | 40 DEGREES                    |
| ENERGY DISSIPATED = | 150157 JOULES ( 110735 FT-LB) |

PRESS ANY KEY TO CONTINUE

|  |       |           |            |        |          |      |  |
|--|-------|-----------|------------|--------|----------|------|--|
|  | INPUT | CALCULATE | TRAJECTORY | OUTPUT | GRAPHICS | EXIT |  |
|--|-------|-----------|------------|--------|----------|------|--|

INPUT

CALCULATE

TRAJECTORY

OUTPUT

GRAPHICS

EXIT

TITLE

CRASH3 RECONSTRUCTION

## GENERAL INFORMATION

## VEHICLE #1

SIZE 5  
WEIGHT 1667.  
CDC 10FDAW9  
PDOF -60.00  
STIFFNESS 7  
CANCEL ACCEPT

## VEHICLE #2

SIZE 11  
WEIGHT 1000000.  
CDC  
PDOF  
STIFFNESS  
CANCEL ACCEPT

## METRIC INPUT

INPUT

CALCULATE

TRAJECTORY

OUTPUT

GRAPHICS

EXIT

## DAMAGE INFORMATION

## VEHICLE #1

DAMAGE LENGTH 173.0  
CRUSH DEPTHS  
C1 47.00  
C2 39.00  
C3 24.00  
C4 37.00  
C5 53.00  
C6 53.00  
DAMAGE OFFSET .000  
CANCEL ACCEPT

## METRIC INPUT

INPUT

CALCULATE

TRAJECTORY

OUTPUT

GRAPHICS

EXIT

## SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

SPEED CHANGE  
(DAMAGE)

VEHICLE #1

TOTAL 46 KPH ( 29 MPH)  
LONGITUDINAL -23 KPH ( -14 MPH)  
LATITUDINAL 40 KPH ( 25 MPH)  
PDOF ANGLE -60 DEGREES  
ENERGY DISSIPATED = 363654 JOULES ( 268181 FT-LB)

VEHICLE #2

TOTAL 0 KPH ( 0 MPH)  
LONGITUDINAL 0 KPH ( 0 MPH)  
LATITUDINAL 0 KPH ( 0 MPH)  
PDOF ANGLE 0 DEGREES  
ENERGY DISSIPATED = 0 JOULES ( 0 FT-LB)

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DAMAGE DATA

|                    | VEHICLE #1           | VEHICLE #2                |
|--------------------|----------------------|---------------------------|
| SIZE CATEGORY      | 5                    | 11                        |
| STIFFNESS CATEGORY | 7                    | 0                         |
| VEHICLE WEIGHT     | 1667 KGS ( 3675 LBS) | ***** KGS (2204586 LBS) * |
| CDC                | 10FDAW9              | BARRIER                   |
| PDOF ANGLE         | -60 DEGREES          | 0 DEGREES *               |
| CRUSH LENGTH       | 173 CM. ( 68 IN.)    | 0 CM. ( 0 IN.) *          |
| C1                 | 47 CM. ( 19 IN.)     | 0 CM. ( 0 IN.) *          |
| C2                 | 39 CM. ( 15 IN.)     | 0 CM. ( 0 IN.) *          |
| C3                 | 24 CM. ( 9 IN.)      | 0 CM. ( 0 IN.) *          |
| C4                 | 37 CM. ( 15 IN.)     | 0 CM. ( 0 IN.) *          |
| C5                 | 53 CM. ( 21 IN.)     | 0 CM. ( 0 IN.) *          |
| C6                 | 53 CM. ( 21 IN.)     | 0 CM. ( 0 IN.) *          |
| D                  | 0 CM. ( 0 IN.)       | 0 CM. ( 0 IN.) *          |
| D'                 | 6 CM. ( 2 IN.)       | 44 CM. ( 17 IN.) *        |

(\* INDICATES DEFAULT VALUE)  
PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

# DIMENSIONS AND INERTIAL PROPERTIES -----

|                    | VEHICLE #1             | VEHICLE #2            |
|--------------------|------------------------|-----------------------|
| CG TO FRONT AXLE   | 142 CM. ( 56 IN.)      | 127 CM. ( 50 IN.)     |
| CG TO REAR AXLE    | 160 CM. ( 63 IN.)      | 127 CM. ( 50 IN.)     |
| TRACK              | 162 CM. ( 64 IN.)      | 127 CM. ( 50 IN.)     |
| CG TO FRONT OF VEH | 259 CM. ( 102 IN.)     | 127 CM. ( 50 IN.)     |
| CG TO REAR OF VEH  | -310 CM. (-122 IN.)    | -127 CM. ( -50 IN.)   |
| CG TO SIDE OF VEH  | 101 CM. ( 40 IN.)      | 127 CM. ( 50 IN.)     |
| MOMENT OF INERTIA  | 17511 KGS ( 38604 LBS) | ***** KGS (***** LBS) |
| VEHICLE MASS       | 4 KGS ( 10 LBS)        | 2600 KGS ( 5732 LBS)  |

PRESS ANY KEY TO CONTINUE

# DAMAGE DATA -----

## VEHICLE #1

## VEHICLE #2

|                    |                           |                      |
|--------------------|---------------------------|----------------------|
| SIZE CATEGORY      | 11                        | 6                    |
| STIFFNESS CATEGORY | 0                         | 6                    |
| VEHICLE WEIGHT     | ***** KGS (2204586 LBS) * | 3611 KGS ( 7961 LBS) |
| CDC                | BARRIER                   | 01RDEW3              |
| PDOF ANGLE         | 0 DEGREES *               | 40 DEGREES           |
| CRUSH LENGTH       | 0 CM. ( 0 IN.) *          | 390 CM. ( 154 IN.)   |
| C1                 | 0 CM. ( 0 IN.) *          | 0 CM. ( 0 IN.)       |
| C2                 | 0 CM. ( 0 IN.) *          | 0 CM. ( 0 IN.)       |
| C3                 | 0 CM. ( 0 IN.) *          | 38 CM. ( 15 IN.)     |
| C4                 | 0 CM. ( 0 IN.) *          | 42 CM. ( 17 IN.)     |
| C5                 | 0 CM. ( 0 IN.) *          | 15 CM. ( 6 IN.)      |
| C6                 | 0 CM. ( 0 IN.) *          | 27 CM. ( 11 IN.)     |
| D                  | 0 CM. ( 0 IN.) *          | 5 CM. ( 2 IN.)       |
| D'                 | 6 CM. ( 2 IN.) *          | 44 CM. ( 17 IN.)     |

(\* INDICATES DEFAULT VALUE)  
PRESS ANY KEY TO CONTINUE

|       |           |            |        |          |      |
|-------|-----------|------------|--------|----------|------|
| INPUT | CALCULATE | TRAJECTORY | OUTPUT | GRAPHICS | EXIT |
|-------|-----------|------------|--------|----------|------|

## DIMENSIONS AND INERTIAL PROPERTIES -----

### VEHICLE #1

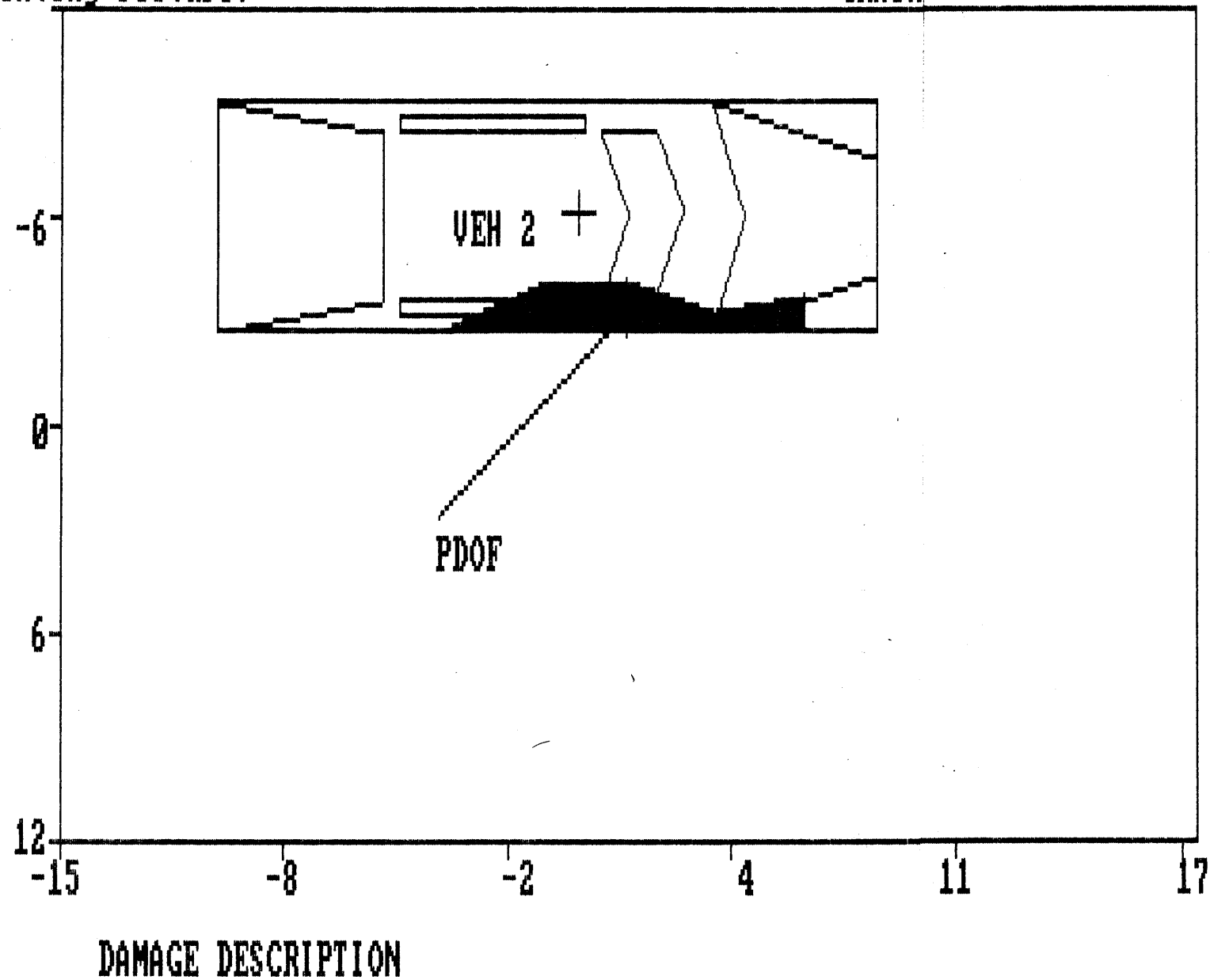
### VEHICLE #2

|                    |                       |                        |
|--------------------|-----------------------|------------------------|
| CG TO FRONT AXLE   | 127 CM. ( 50 IN.)     | 153 CM. ( 60 IN.)      |
| CG TO REAR AXLE    | 127 CM. ( 50 IN.)     | 165 CM. ( 65 IN.)      |
| TRACK              | 127 CM. ( 50 IN.)     | 162 CM. ( 64 IN.)      |
| CG TO FRONT OF VEH | 127 CM. ( 50 IN.)     | 265 CM. ( 104 IN.)     |
| CG TO REAR OF VEH  | -127 CM. ( -50 IN.)   | -318 CM. (-125 IN.)    |
| CG TO SIDE OF VEH  | 127 CM. ( 50 IN.)     | 101 CM. ( 40 IN.)      |
| MOMENT OF INERTIA  | ***** KGS (***** LBS) | 39706 KGS ( 87535 LBS) |
| VEHICLE MASS       | 2600 KGS ( 5732 LBS)  | 9 KGS ( 21 LBS)        |

PRESS ANY KEY TO CONTINUE

Printing Picture:

CRASH



13149A00000011 358.05000000000003170000000040 350 350224960 35067357000  
00100000006735705 0306  
13149A000100120 358.0510000000000120F0245R  
13149A000200120 358.0510000000000120L0245R  
13149A000300120 358.0510000000000302F79000  
13149A000400120 358.0510000000000245T3100N  
13149A01000021 8.05 0000000009207442201B46H44RBN 01999089000714941292  
0211211022990117991186  
13149A01000022 8.05 0000000001030312015500000000000000008001001050-025+04  
43668998404602  
13149A01000031 8.05 000000000010210FDAW09020299999999173049039024037053053  
000 17314230315201000201040101001000  
13149A01000041 8.05 000000000123303300000122222021222210226666106111111101  
13149A01000042 8.05 000000000111442110643120133110733111133211232211432  
290150999912210  
13149A01010051 8.05 0000000003021780611119224200404911000004211001999011-02  
521010122211091423100000000000041000620199000014011011  
13149A01010161 8.05 0000000001150206485073100  
13149A01010261 8.05 0000000001140682395073100  
13149A01010361 8.05 0000000001140684395073100  
13149A01010461 8.05 0000000001250800295073100  
13149A01010561 8.05 0000000001441410430513105  
13149A01010661 8.05 0000000001751800220512105  
13149A01010761 8.05 0000000001751800210103100  
13149A01010861 8.05 0000000001450220220512105  
13149A01010961 8.05 0000000001290202186022300  
13149A01011061 8.05 0000000001490402120512105  
13149A01011161 8.05 0000000001790602120512105  
13149A01011261 8.05 0000000001890402120512105  
13149A01011361 8.05 0000000001890402110072100  
13149A01011461 8.05 0000000001752600220511105  
13149A01020051 8.05 0000000000729999992139000002400001000000200000000000 00  
000000000001091423100000000000033299970000000017149011  
13149A01020161 8.05 0000000002150200380153102  
13149A01020261 8.05 0000000003140684390153102  
13149A01020361 8.05 0000000003160606200153102  
13149A01020461 8.05 0000000002251004240153102  
13149A01020561 8.05 0000000002250800220153102  
13149A01020661 8.05 0000000003290402170153102  
13149A01020761 8.05 0000000003290602120153102  
13149A01020861 8.05 0000000002752804320113100  
13149A01020961 8.05 0000000002753202220113100  
13149A01021061 8.05 0000000003490202100043103  
13149A01021161 8.05 0000000003490402100043103  
13149A01021261 8.05 0000000003590202170043103  
13149A01021361 8.05 0000000003590402170043103  
13149A01021461 8.05 0000000002544426470043103  
13149A01021561 8.05 0000000002541028570043103  
13149A01021661 8.05 0000000002542832570043103  
13149A01021761 8.05 0000000002541810210043103  
13149A01030051 8.05 0000000001019999992229000002400001000000200000000000 00  
0000000000003110110000000000033202970000000005159011  
13149A01030161 8.05 0000000002140670321512100  
13149A01030261 8.05 0000000002160410201512100  
13149A01030361 8.05 0000000002290202121512100  
13149A01030461 8.05 0000000003290402171512100  
13149A01030561 8.05 0000000003297402121512100  
13149A02000021 8.05 0000000009512481401FDKF38F2SE 01999089000704944112  
0211211012010166061287  
13149A02000022 8.05 000000000101010002131400507401220008000001001023-018-01



OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

# INTRA ERRORS

HH1271 2 \*\*\*\*\* THIS CASE SHOWS EJECTION WITH RESTRAINT USAGE. \*\*\*\*\*  
 HH1272 \*\*\*\*\* CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE \*\*\*\*\*  
 HH1273 EJECTION OA12 is equal to 1-3 and ((MANUAL BELT USE OA19 does  
 HH1274 not equal 00, 01 or 99) or  
 HH1275 (FRONTAL AIR BAG SYSTEM DEPLOYMENT OA31 does not equal 0, 7 or  
 HH1276 9) or (AUTOMATIC BELT USE OA24 does not equal 0, 2 or 9)).

GENERAL VEHICLE Vehicle: 2

# INTRA ERRORS

GG0421 2 If ROLLOVER GV45 equals 01-17 or 98, then BASIS FOR DELTA V GV58  
 GG0422 should equal 04-10.

# INTER ERRORS

GE0641 2 If OBJECT CONTACTED EV05(p) is less than 31 and EV05(p) equals  
 GE0642 GV03(q) and BODY TYPE GV07(q) equals 22-25 or 40-49, then BASIS  
 GE0643 FOR DELTA V GV58(p) should equal 04. GV=01

PSU13  
 CASE 149A  
 CURRENT VERSION: 8.05

# ERROR SUMMARY SCREEN

11/11/96

| FORM NAME           | NUMBER OF<br>DOLLAR SIGNS | NUMBER OF<br>LEVEL 1<br>ERRORS | NUMBER OF<br>LEVEL 2<br>ERRORS | VERSION<br>NUMBER<br>CONSISTENT |
|---------------------|---------------------------|--------------------------------|--------------------------------|---------------------------------|
| Accident            | 0                         | 0                              | 0                              | Y                               |
| General Vehicle     | 0                         | 0                              | 1                              | Y                               |
| Vehicle Exterior    | 0                         | 0                              | 0                              | Y                               |
| Vehicle Interior    | 0                         | 0                              | 0                              | Y                               |
| Occupant Assessment | 0                         | 0                              | 1                              | Y                               |
| Occupant Injury     | 0                         | 0                              | 0                              | Y                               |
| Total Inter Errors  |                           | 0                              | 1                              |                                 |
| Total Case Errors   | 0                         | 0                              | 3                              |                                 |



# SLIDE INDEX

Primary Sampling Unit Number 13

Case Number—Stratum 149A

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter      |
|-----------|-------------|----------------------|--|
| 1-9       | 1           | North                | Looking at Approach to PoI & FRP         |
| 10        |             |                      |  |
| 11        | 1           | South                | Looking back at FRP to PoI to Approach   |
| 12-26     | 2           | East                 | Looking at approach to PoI & FRP         |
| 27        | 2           | West                 | Looking back at Approach                 |
| 28        | 2           | West                 | Looking back from FRP to PoI to Approach |
| 29-32     | 3           | West                 | Looking at Approach to PoI & FRP         |
| 33-35     | 1           |                      | Front                                    |
| 36        | 1           |                      | Front & Left                             |
| 37-38     | 1           |                      | Front & Right                            |
| 39-40     | 1           |                      | Front & Left                             |
| 41-42     | 1           |                      | Left                                     |
| 43        | 1           |                      | Gas Tank                                 |
| 44-45     | 1           |                      | Left & Rear                              |
| 46        | 1           |                      | Rear                                     |
| 47-48     | 1           |                      | Rear & Right                             |
| 49        | 1           |                      | Right                                    |
| 50        | 1           |                      | Right & Front                            |
| 51-52     | 1           |                      | Right door Interior                      |
| 53-58     | 1           |                      | Steering Wheel                           |
| 59-64     | 1           |                      | Instrument Panel Area                    |
| 65-68     | 1           |                      | Left door Interior                       |
| 69-70     | 1           |                      | Second Seat Area                         |
| 71-72     | 1           |                      | Third seat Area                          |
| 73-77     | 1           |                      | Front Seat backs                         |
| 78-79     | 1           |                      | 2nd seat backs                           |
| 80-81     | 1           |                      | 3rd seat backs                           |

| Slide No. | Vehicle No. | Direction of Picture | Description of Slide Subject Matter |
|-----------|-------------|----------------------|-------------------------------------|
| 82-83     | 2           |                      | Front & Left                        |
| 84-87     | 2           |                      | Left                                |
| 88-89     | 2           |                      | Fuel Tanks                          |
| 90-91     | 2           |                      | Left & Rear                         |
| 92-       | 2           |                      | Rear                                |
| 93-94     | 2           |                      | Rear & Right                        |
| 95-100    | 2           |                      | Right                               |
| 101-102   | 2           |                      | Right & Front                       |
| 103-104   | 2           |                      | Right door Interior                 |
| 105-107   | 2           |                      | Steering wheel                      |
| 108-110   | 2           |                      | Instrument Panel Area               |
| 111-112   | 2           |                      | Left door Interior                  |
| 113-114   | 2           |                      | Seat backs                          |
| 115-116   | 3           |                      | Front                               |
| 117-118   | 3           |                      | Front & Left                        |
| 119-      | 3           |                      | Left                                |
| 120-121   | 3           |                      | Left & Rear                         |
| 122       | 3           |                      | Rear                                |
| 123-124   | 3           |                      | Rear & Right                        |
| 125-126   | 3           |                      | Right                               |
| 127-128   | 3           |                      | Right & Front                       |
| 129-130   | 3           |                      | Right Door Interior                 |
| 131-133   | 3           |                      | Steering wheel                      |
| 134-136   | 3           |                      | Instrument Panel Area               |
| 137-138   | 3           |                      | Left door Interior                  |
| 139-140   | 3           |                      | Rear Seat Area                      |
| 141-143   | 3           |                      | Front Seat backs                    |
| 144-145   | 3           |                      | Rear Seat Area                      |



PSU 13-149A (1995) #1



PSU 13-149A (1995) #2



PSU 13-149A (1995) #3



PSU 13-149A (1995) #4





PSU 13-149A (1995) #5



PSU 13-149A (1995) #6



PSU 13-149A (1995) #7



PSU 13-149A (1995) #8



PSU 13-149A (1995) #9



PSU 13-149A (1995) #10



PSU 13-149A (1995) #11



PSU 13-149A (1995) #12





PSU 13-149A (1995) #13



PSU 13-149A (1995) #14



PSU 13-149A (1995) #15



PSU 13-149A (1995) #16



PSU 13-149A (1995) #17



PSU 13-149A (1995) #18



PSU 13-149A (1995) #19



PSU 13-149A (1995) #20





PSU 13-149A (1995) #21



PSU 13-149A (1995) #22



PSU 13-149A (1995) #23



PSU 13-149A (1995) #24



PSU 13-149A (1995) #25



PSU 13-149A (1995) #26



PSU 13-149A (1995) #27



PSU 13-149A (1995) #28





PSU 13-149A (1995) #29



PSU 13-149A (1995) #30



PSU 13-149A (1995) #31



PSU 13-149A (1995) #32



PSU 13-149A (1995) #33  
Best Available



PSU 13-149A (1995) #33A  
Best Available



PSU 13-149A (1995) #33B  
Best Available



PSU 13-149A (1995) #34A  
Best Available





PSU 13-149A (1995) #34B  
Best Available



PSU 13-149A (1995) #35  
Best Available



PSU 13-149A (1995) #36  
Best Available



PSU 13-149A (1995) #37  
Best Available



PSU 13-149A (1995) #38  
Best Available



**PSU 13-149A (1995) #39**  
**Best Available**



**PSU 13-149A (1995) #40A**  
**Best Available**



PSU 13-149A (1995) #40B  
Best Available





PSU 13-149A (1995) #41  
Best Available



PSU 13-149A (1995) #42  
Best Available



PSU 13-149A (1995) #43  
Best Available



PSU 13-149A (1995) #44  
Best Available



PSU 13-149A (1995) #45  
Best Available



PSU 13-149A (1995) #46  
Best Available



PSU 13-149A (1995) #47  
Best Available



PSU 13-149A (1995) #48  
Best Available





**PSU 13-149A (1995) #49**  
**Best Available**



PSU 13-149A (1995) #50  
Best Available



PSU 13-149A (1995) #51  
Best Available



PSU 13-149A (1995) #52  
Best Available



PSU 13-149A (1995) #53  
Best Available



PSU 13-149A (1995) #54  
Best Available



PSU 13-149A (1995) #55  
Best Available



PSU 13-149A (1995) #56  
Best Available





PSU 13-149A (1995) #57  
Best Available



**PSU 13-148A (1995) #58**  
**Best Available**



PSU 13-149A (1995) #59

Best Available



PSU 13-149A (1995) #60  
Best Available



PSU 13-149A (1995) #61  
Best Available



PSU 13-149A (1995) #62  
Best Available



PSU 13-149A (1995) #63  
Best Available



PSU 13-149A (1995) #64  
Best Available





PSU 13-149A (1995) #65  
Best Available



PSU 13-149A (1995) #66  
Best Available



PSU 13-149A (1995) #67  
Best Available



PSU 13-149A (1995) #68  
Best Available



PSU 13-149A (1995) #69  
Best Available



PSU 13-149A (1995) #70  
Best Available



PSU 13-149A (1995) #71  
Best Available



PSU 13-149A (1995) #72  
Best Available





PSU 13-148A (1995) #73  
Best Available



PSU 13-149A (1995) #74  
Best Available



PSU 13-149A (1995) #75  
Best Available



PSU 13-149A (1985) #76  
Best Available



FSU 13-149A (1995) #77  
Best Available



PSU 13-149A (1995) #78  
Best Available



PSU 13-149A (1995) #79  
Best Available



PSU 13-149A (1995) #80





PSU 13-149A (1995) #81



PSU 13-149A (1995) #82  
Best Available



PSU 13-149A (1995) #83  
Best Available



PSU 13-149A (1995) #84  
Best Available



PSU 13-149A (1995) #85



PSU 13-149A (1995) #86



PSU 13-149A (1995) #87



PSU 13-149A (1995) #88  
Best Available





PSU 13-149A (1995) #89  
Best Available



PSU 13-149A (1995) #90  
Best Available



PSU 13-149A (1995) #91  
Best Available



PSU 13-149A (1995) #92  
Best Available



PSU 13-149A (1995) #93  
Best Available



PSU 13-149A (1995) #94  
Best Available

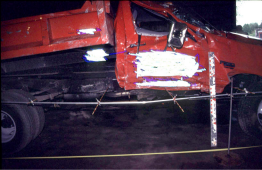


PSU 13-149A (1995) #95  
Best Available



PSU 13-149A (1995) #96  
Best Available





PSU 13-149A (1995) #97  
Best Available



PSU 13-149A (1995) #98  
Best Available



PSU 13-149A (1995) #99  
Best Available



PSU 13-148A (1995) #100  
Best Available



PSU 13-149A (1995) #101  
Best Available



PSU 13-149A (1995) #102  
Best Available



PSU 13-149A (1995) #103  
Best Available



PSU 13-149A (1995) #104  
Best Available





PSU 13-149A (1995) #105



PSU 13-149A (1995) #106



PSU 13-149A (1995) #107



PSU 13-149A (1995) #108  
Best Available



PSU 13-149A (1995) #109



PSU 13-148A (1995) #110



PSU 13-149A (1995) #111



PSU 13-149A (1995) #112





PSU 13-149A (1995) #113



PSU 13-149A (1995) #114



PSU 13-149A (1995) #115



PSU 13-149A (1995) #116



PSU 13-149A (1995) #117



PSU 13-149A (1995) #118



PSU 13-149A (1995) #119



PSU 13-149A (1995) #120





PSU 13-149A (1995) #121



PSU 13-149A (1995) #122



PSU 13-149A (1995) #123



PSU 13-149A (1995) #124



PSU 13-149A (1995) #125



PSU 13-149A (1995) #126



PSU 13-149A (1995) #127



PSU 13-149A (1995) #128





PSU 13-149A (1995) #129



PSU 13-149A (1995) #130



PSU 13-149A (1995) #131



PSU 13-149A (1995) #132



PSU 13-149A (1995) #133



PSU 13-149A (1995) #134



PSU 13-149A (1995) #135



PSU 13-149A (1995) #136





PSU 13-149A (1995) #137



PSU 13-149A (1995) #138



PSU 13-149A (1995) #139



PSU 13-149A (1995) #140



PSU 13-149A (1995) #141



PSU 13-149A (1995) #142



PSU 13-149A (1995) #143



FSU 13-149A (1995) #144





PSU 13-149A (1995) #145